

aScope™ Duodeno

**2021
CODING AND
REIMBURSEMENT GUIDE**



About the aScope Duodeno

The aScope Duodeno is a sterile single-use duodenoscope that seamlessly integrates into existing hospital systems and offers an intuitive, lightweight design with similar functionality to reusable duodenoscopes. The aScope Duodeno is part of a system that includes a reusable process unit, the Ambu aBox™ Duodeno. Duodenoscopes are used for visual examination of the duodenum and play a key role in diagnosis and treatment of conditions like gallstones, pancreatitis, and tumors or cancer in the bile duct and pancreas.

Hospital Outpatient Department Coding and Payment

The following sections provide an overview of potential billing and coding and Medicare national payment rates when aScope Duodeno is used in the hospital outpatient department (HOPD) setting.

HCPCS Code for Reporting the aScope Duodeno

HCPCS codes identify devices, items and some services. Effective July 1, 2020, the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers the Medicare program, created a new transitional pass-through (TPT) category and new HCPCS C code for single-use endoscopes, such as the aScope Duodeno, used in endoscopic retrograde cholangiopancreatography (ERCP) procedures. TPT payment for the device is in addition to the ERCP procedure payment. When applicable, hospitals should bill the newly established HCPCS code below.¹

HCPCS Code	Descriptor
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)

CPT Codes and 2021 Medicare National Average Payment for Radiological Supervision and Interpretation

CPT codes for fluoroscopic imaging of the ductal systems (74328, 74329, 74330) may be reported, if applicable. The service must be documented in the patient record, including supervision, interpretation, reporting and saving the images to the permanent record. If the surgeon performing the ERCP performs the imaging of the ductal system, Modifier -26 should be included for the professional component. Note that this code is a physician-only code that is not reported by the facility.

CPT ² Code	Descriptor	Physician Service Payment ³		Facility Payment ⁴	
		Total RVUs (in Facility)	Physician Payment (in Facility)	HOPD Payment	APC
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	0.82	\$28.61	n/a	n/a
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	0.82	\$28.61	n/a	n/a
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	1.05	\$36.64	n/a	n/a

CPT Codes and 2021 Medicare National Payment Rates for ERCP Procedures

CPT Code	Descriptor	Physician Service Payment ³		Facility Payment ⁴	
		Total RVUs (in Facility)	Physician Payment (in Facility)	HOPD Payment	APC
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	9.38	\$327	\$3,081	5303
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	9.84	\$343	\$3,081	5303
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	10.39	\$363	\$3,081	5303
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	10.39	\$363	\$3,081	5303
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	10.59	\$370	\$3,081	5303
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (e.g., mechanical, electrohydraulic, lithotripsy)	12.61	\$440	\$5,029	5331
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	13.47	\$470	\$5,029	5331
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	10.95	\$382	\$3,081	5303
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	14.02	\$489	\$5,029	5331
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	11.01	\$384	\$3,081	5303
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	12.58	\$439	\$5,029	5303

Hospital Inpatient Department Coding and Payment

The following sections provide an overview of potential billing and coding and Medicare national payment rates when aScope Duodeno is used in the hospital inpatient setting.

ICD-10-PCS Procedure Codes Associated with aScope Duodeno

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes are used by hospitals to report procedures performed in the hospital inpatient setting only. Provided below are the ICD-10-PCS tables which may be utilized to construct ICD-10-PCS codes relevant to procedures involving the aScope Duodeno. Hospital coding staff is encouraged to consult an ICD-10-PCS procedure code book, coding software, or contact the relevant payor when assigning the appropriate ICD-10-PCS procedure codes to a claim.

Character 1: Section				
0 Medical and Surgical				
Character 2: Body System				
F Hepatobiliary System and Pancreas				
Character 3: Operation	Character 4: Body Part	Character 5: Approach	Character 6: Device	Character 7: Qualifier
1 Bypass 5 Destruction 7 Dilation 8 Division 9 Drainage B Excision C Extirpation D Extraction F Fragmentation H Insertion J Inspection L Occlusion N Release P Removal Q Repair T Resection U Supplement V Restriction W Revision	5 Hepatic Duct, Right 6 Hepatic Duct, Left 7 Hepatic Duct, Common 8 Cystic Duct 9 Common Bile Duct B Hepatobiliary Duct C Ampulla of Vater D Pancreatic Duct F Pancreatic Duct, Accessory G Pancreas	7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	0 Drainage Device 1 Radioactive Element 2 Monitoring Device 3 Infusion Device Autologous Tissue Substitute C Extraluminal Device D Intraluminal Device J Synthetic Substitute K Nonautologous Tissue Substitute Y Other Device Z No Device	0 Allogenic 1 Syngenic 2 Zooplasmic 3 Duodenum 4 Stomach 5 Hepatic Duct, Right 6 Hepatic Duct, Left 7 Hepatic Duct, Caudate 8 Cystic Duct 9 Common Bile Duct B Small Intestine X Diagnostic Z No Qualifier

2021 Medicare MS-DRG Payments

Medicare Severity Diagnosis Related Groups (MS-DRGs) assignment will vary based on the patient's diagnoses and procedure(s) performed during the patient encounter. Below are the most common MS-DRGs reported for procedures that may involve the aScope Duodeno; however, others may apply.

MS-DRG	Descriptor	Medicare National Average Base Payment Rate ⁵
435	Malignancy of hepatobiliary system or pancreas with MCC	\$11,174
436	Malignancy of hepatobiliary system or pancreas with CC	\$7,141
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	\$5,702
438	Disorders of pancreas except malignancy with MCC	\$10,176
439	Disorders of pancreas except malignancy with CC	\$5,383
440	Disorders of pancreas except malignancy without CC/MCC	\$3,863
441	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with MCC	\$12,009
442	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis with CC	\$5,939
443	Disorders of liver except malignancy, cirrhosis, alcoholic hepatitis without CC/MCC	\$4,225
444	Disorders of the biliary tract with MCC	\$10,639
445	Disorders of the biliary tract with CC	\$6,865
446	Disorders of the biliary tract without CC/MCC	\$5,203

MCC: Major Complication or Comorbidity

CC: Complication or Comorbidity

Hospital Revenue Codes

Revenue codes are used by hospitals to report services and supplies to specific cost centers. The following are potential revenue codes that may be used when billing for the aScope Duodeno.

Revenue Code	Descriptor
272	Sterile supplies
278 ⁶	Medical/surgical supplies and implants; other implants

References

1. Additional information regarding TPT status for single-use endoscopes is available at: <https://www.cms.gov/files/document/r10166cp.pdf> (See Section 7 and Tables 8 and 9). Update <https://www.cms.gov/files/document/r10540cp.pdf> pg 87 (Dec.31, 2020).
2. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2020 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.
3. 2021 CMS PFS Final Rule, Addendum B (available on CMS website), 85 Fed. Reg. 248 (Dec. 28, 2020).
4. 2021 CMS OPPI/ASC Final Rule, Addendum AA and B (available on CMS website), 85 Fed. Reg. 249 (Dec. 29, 2020).
5. 2020 CMS IPPS Final Rule, (available on CMS website), 85 Fed. Reg. 182 (Sept. 18, 2020). Payment rounded to nearest dollar and assumes the hospital received the full update. Payment will vary based on geographic location and other factors.
6. 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>

Indications for Use

The aScope Duodeno is designed to be used with the aBox Duodeno, endoscopic accessories (e.g. biopsy forceps) and other ancillary equipment (e.g. video monitor) for endoscopy and endoscopic surgery within the duodenum.

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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 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 Gastroenterology Association (AGA), the American Society for Gastrointestinal Endoscopy (ASGE) and/or the American Medical Association (AMA).

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

For more information, please contact the Ambu Reimbursement Support Team at us-reimbursement@ambu.com or (800) 262-8462, select option 7.

For a customized cost analysis of reusable vs. single-use endoscopes, visit www.singleuseendoscopy.com/calculators or contact us-healthecon@ambu.com.

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