**ERCP BILLING 2018 ULH JH NH**

**ERCP** **CPT RVU**

\_\_\_\_Moderate Sedation 99152

\_\_\_\_ERCP DIAGNOSTIC w or w/o brushing or washing 43260 9.97

\_\_\_\_ERCP with BIOPSY 43261 10.28

\_\_\_\_ERCP with SPHINCTEROTOMY/PAPILLOTOMY 43262 10.83

\_\_\_\_ERCP with SPINCTER OF ODDI MANOMETRY 43263 10.88

\_\_\_\_ERCP with STONE/DEBRIS EXTRACTION from biliary/panc duct 43264 11.04

\_\_\_\_ERCP with DESTRUCTION OF CALCULI, any method 43265 13.11

\_\_\_\_ERCP with DUCTAL CHOLANGIOSCOPY and/or PACREATOSCOPY 43273 +3.57

\_\_\_\_ERCP with placement of BILIARY/PANCREATIC STENT or 43274 13.82

 NASO-BILIARY/PANCREATIC DRAIN; EACH STENT (NUMBER = )

 (add Modifier 59 to: #2, #3, #...); includes dilation sphincterotomy (if needed)

\_\_\_\_ERCP with REMOVAL of STENT/FOREIGN BODY biliary and/or pancreatic 43275 11.41

 duct(s); Includes dilation and sphincterotomy (if needed)

\_\_\_\_ERCP with REMOVAL AND EXCHANGE OF STENT biliary and/or pancreatic 43276 14.41

 duct(s); EACH STENT EXCHANGED (NUMBER= ); (add Modifier 59 to: #2,

 #3, #...); includes dilation and spincteromy (if needed)

\_\_\_\_ERCP with BALLOON DILATION of DUCT/AMPULLA; EACH DUCT/AMPULLA 43277 11.48

 Dilated (NUMBER= ); (add Modifier 59 to:#2, #3, #...); includes sphincterotomy, if

 needed)

\_\_\_\_ERCP with ABLATION of TUMOR/POLYP/OTHER LESION (for ampullectomy 43278 13.04

 use 43254); includes dilation and sphincterotomy (if needed)

­­­­­­­\_\_\_\_EGD with AMPULLECTOMY (code ERCP separately, when performed) 43254

\_\_\_\_EGD with transmural DRAIN OF PSEUDOCYST (add 43247 EGD with removal 43240

 of foreign body, when doing NECOSECTOMY)

\_\_\_\_EGD with REMOVAL OF FOREIGN BODY/NECROSECTOMY (together with 43240) 43247

\_\_\_\_Fluororscopy: DRAINAGE OF PSEUDOCYST, without radiologist reading + hard copy 75989

\_\_\_\_Fluoroscopy: BILIARY DUCT, without radiologist reading + hard copy 74328

\_\_\_\_Fluoroscopy: PANCREATIC DUCT, without radiologist reading + hard copy 74329

\_\_\_\_Fluoroscopy: BILIARY AND PANCREATIC DUCT, without radiologist reading + hard copy 74330

INDICATIONS/DIAGNOSIS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GI FELLOW/RESIDENT INVOLVED:\_\_\_\_YES (GC):\_\_\_\_\_NO

\_\_\_Q0 Medicare Approved Investigational Clinical Trial/Service

\_\_\_Q1 Routine Care in a Medicare approved Clinical Trial/Service

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ATTENDING SIGNATURE: DATE

**UofL Physicians Miscellaneous Studies**

**Date\_\_\_\_\_\_\_\_\_\_\_** *Teaching Physician compliance must be documented in the medical record when working with Fellows/Residents*

**CAPSULE STUDIES**

\_\_\_91110-26 Wireless capsule endoscopy **ESOPHAGUS THROUGH ILEUM** GI tract

\_\_\_91111-26 **ESOPHAGEAL** capsule endoscopy

\_\_\_91112-26 **SMART PILL**/Gastrointestinal transit to colon

**ESOPHAGUS RELATED**

\_\_\_43460 Esophago-gastric **VARICES** **TAMPONADE** with balloon

\_\_\_43450+74366 Maloney/Hurst **DILATION** **W/O SCOPE,** **unguided** sound/bougie **W/FLUOROSCOPY**

\_\_\_43453+74366 **Dilation** of esophagus **W/O SCOPE GUIDE WIRE W/FLUOROSCOPY**

\_\_\_74360-26 Radiological 5/l intraluminal dilation of strictures and/or obstruction/fluoroscopic guidance

\_\_\_49460 MECHANICAL REMOVAL OF OBSTRUCTING MATERIAL UNDER FLUOROSCOPY from ENTERIC TUBE (gastrostomy, duodenostomy, or jejunostomy) with or without contrast

\_\_\_91010 ESOPHAGEAL **MOTILITY**

\_\_\_91013 ESOPHAGEAL **MOTILITY + STIMULATION**

\_\_\_91030 ESOPHAGEAL **ACID PERFUSION**

\_\_\_91034 Gastro-Esophageal **pH test**

\_\_\_91035 Gastro-Esophageal Reflux **BRAVO**

\_\_\_91037 Gastro-Esophageal **IMPEDANCE**

\_\_\_91038 Gastro-Esophageal **PROLONGED IMPEDANCE**

\_\_\_91040 ESOPHAGEAL **BALLOON DISTENTION Testing**

\_\_\_91030 **BERNSTEIN Test** for Esophagitis

**GASTRO-DUODENAL RELATED**

\_\_\_95980 INITIAL Electronic ANALYSIS of ENTERRA implanted neuro-stimulator pulse generator system WITH PROGRAMMING

\_\_\_95981 SUBSEQUENT Electronic analysis of ENTERRA implanted neuro-stimulator, WITHOUT REPROGRAMMING

\_\_\_95982 SUBSEQUENT Electronic analysis of ENTERRA implanted neuro-stimulator, WITH REPROGRAMMING

\_\_\_43753 **Gastric** intubation/aspiration/**lavage** for treatment

\_\_\_43761 Gastric **FEEDING TUBE REPOSITIONING THROUGH DUODENUM**

\_\_\_43752 **Naso/gastric tube** placement by MD w/**FLUORO**

\_\_\_43760 **PEG** tube **exchange** manual

\_\_\_75984 FLUOROSCOPY to document placement of PEG REPLACEMENT TUBE

\_\_\_91020 GASTRIC MOTILITY

\_\_\_91022 DUODENAL MOTILITY

\_\_\_91132 ELECTROGASTROGRAM

\_\_\_91133 ELECTROGASTROGRAM + PROVOCATION

\_\_\_91065 Hydrogen/Methane **BREATH TEST**

**LIVER RELATED**

\_\_\_91200-26 FIBROSCAN (Liver Elastography)

\_\_\_49082 Paracentesis, diagnostic/therapeutic **W/O IMAGING** guidance

\_\_\_49083 Paracentesis, diagnostic/therapeutic **WITH IMAGING** guidance

\_\_\_47000 Liver biopsy

\_\_\_47000+99143 Liver biopsy w/**MODERATE SEDATION**

\_\_\_77002-26 **FLUOROSCOPIC GUIDANCE NEEDLE** placement BX/aspiration, etc.

\_\_\_76942-26 **ULTRAOUND GUIDED NEEDLE** BX

**ANO-RECTAL and COLON RELATED**

\_\_\_46945 INTERNAL HEMORROID BANDING, SINGLE BAND

\_\_\_46946 INTERNAL HEMORRHOID BANDING, MULTIPLE BANDS

\_\_\_0377T Anoscopy with INJECTION OF BULKING AGENT FOR INCONTINENCE (SOLESTA)

\_\_\_91120 Ano-Rectal SENSATION + COMPLIACE Test

\_\_\_91122 Ano-Rectal MANOMETRY

\_\_\_91117 COLON MOTILITY 6 HOURS

\_\_\_90911 BIOFEEDBACK TRAINING with EMG or Manometry

\_\_\_51784 EMG Anal sphincter, any technique other than needle

**INDICATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHYSICIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GI FELLOW/RESIDENT INVOLVEMENT \_\_\_YES\_\_\_NO**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Q0 INVESTIGATIONAL CLINICASERVICE\_\_\_YES\_\_\_NO**

**FINAL DIAGNOSES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Q1 Routine Clinical service in an approved clinical study \_\_\_Yes\_\_No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**