

Physician Coding for i-Logic™ Electromagnetic Navigation Bronchoscopy™ (ENB)

Patient Case Example: Bronchoscopy Biopsy with ENB

| CPT Code ^{®1} | Description ¹ | 2010 Relative Value Unit (RVU) ² | 2010 National Medicare Facility Physician Fee Schedule ² | 2010 Estimated Medicare Payment |
|--|--|---|---|---------------------------------|
| ENB Procedure (Planning and Navigation) | | | | |
| +31627 ³ | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s]) | 2.84 | \$102 | \$102 ⁴ |

| Bronchoscopy Procedures (Example Purposes Only*) | | | | |
|---|--|------|--------------|--------------------|
| 31628 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance; with transbronchial lung biopsy | 5.23 | \$189 | \$189 ⁵ |
| 31623 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance; with brushing or protected brushings | 4.03 | \$145 | \$0 ⁵ |
| Estimated Total Physician Payment | | | \$291 | |

**Primary bronchoscopy procedures are billed in addition to 31627. Bronchoscopy codes used here are for example purposes only.*

1. Current Procedural Terminology (CPT) ® is copyright 2009 American Medical Association.
2. Federal Register, CMS-1413-FC, October 30th, 2009. Medicare payments shown are national averages and are not geographically adjusted. Calculated with 2010 conversion factor of \$36.0660
3. CPT code 31627 includes 3D rendering. Do not report 31627 in conjunction with 76376 and 76377. Use 31627 in conjunction with 31615, 31622-31631, 31635-31636 and 31638-31643. CPT Book 2010.
4. CPT code 31627 is designated as “add-on” procedure” and not subject to multiple procedure discount.
5. Subject to multiple endoscopy rule. Highest value procedure paid at 100%. Subsequent procedures are paid at allowable rate minus the base rate for 31622 (RVU in 2010 is 4.02 facility).



REIMBURSEMENT

The information contained in this document is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payer. We strongly recommend that providers consult their payer organization with regard to local reimbursement policies. The information contained in this document is provided for information and training purposes only and represents no statement, promise or guarantee by superDimension, Inc. concerning levels of reimbursement, payment or charge. Providers are encouraged to contact their local payers with questions regarding coverage, coding, or payment.

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Rev 01/10

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