

Outpatient Hospital Coding for Electromagnetic Navigation Bronchoscopy™ (ENB)


CPT Code ^{®1}	Description ¹	APC ²	2011 Medicare Payment Rate ²	Status Indicator ²	2011 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])	N/A	N/A	“N”	Packaged

Bronchoscopy Procedures (Example Purposes Only*)					
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance; with transbronchial lung biopsy	0076	\$723	“T”	\$723 ⁵
31623	With brushing or protected brushings	0076	\$723	“T”	\$362 ⁵
31629	With transbronchial needle aspiration biopsy	0076	\$723	“T”	\$362 ⁵
31624	With bronchial alveolar lavage	0076	\$723	“T”	\$362 ⁵

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

Placement of Fiducial Markers⁶					
31626 ⁶	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	0076	\$723	“T”	\$362 ⁵
Estimated Total Hospital Payment					\$2,171

1. Current Procedural Terminology (CPT) ® is copyright 2011 American Medical Association.
2. Federal Register, CMS-1504-FC November 2010. Medicare payments shown are national averages and are not geographically adjusted.
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.
4. Status indicator “N” means packaged and is not paid separately.
5. Status indicator “T” means “significant procedure subject to multiple procedure discounting.”
6. Only billed when fiducial markers are placed. Per 2011 CPT book, “report supply of device separately.”



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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ENBCodingHosp
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