




## 2011 Physician Coding for Electromagnetic Navigation Bronchoscopy™ (ENB) Bronchoscopy Procedures that may be Performed with ENB

CPT Code <sup>1</sup>	Description <sup>1</sup>	2011 Relative Value Unit (RVU) <sup>2</sup>	2011 National Medicare Facility Physician Fee Schedule <sup>2</sup>
+31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s). List separately in addition to code for primary procedure(s).	2.01	\$68
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, diagnostic, with cell washing (separate procedure)	4.34	\$147
31623	With brushing or protected brushings	4.34	\$147
31624	With bronchial alveolar lavage	4.36	\$148
31625	With bronchial or endobronchial biopsy(s), single or multiple sites	5.04	\$171
31626 <sup>3</sup>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	6.19	\$210
+31627 <sup>4</sup>	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])	3.02	\$103
31628	With transbronchial lung biopsy, single lobe	5.60	\$190
31629	With transbronchial needle aspiration biopsy(s) trachea, main stem and/or lobar bronchus	6.04	\$205
+31632	With transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure) use with 31628	1.45	\$49
+31633	With transbronchial needle aspiration biopsy(s) each additional lobe (List separately in addition to code for primary procedure) use with 31629	1.86	\$63
31635	With removal of foreign body	5.61	\$191
31636	With placement of bronchial stent(s)	6.68	\$227
+31637	Each additional major bronchus stented (List in addition to code for primary procedure)	2.28	\$77
31638	With revision of tracheal or bronchial stent inserted at previous session	7.64	\$260
31640	With excision of tumor	7.71	\$262
31641	Bronchoscopy, rigid or flexible, with destruction of tumor or relief of stenosis by any method other than excision (e.g. laser therapy, cryotherapy)	7.69	\$261
31643	With placement of catheter(s) for intracavitary radioelement application	5.18	\$176

CMS update to CY2011 Physician Fee Schedule, December 29<sup>th</sup>, 2010. Medicare physician fee schedules are for physician office services and are national averages without geographically adjustment. Calculated with 2011 conversion factor of \$33.9764

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1. Current Procedural Terminology (CPT) ® is copyright 2011 American Medical Association.
  2. CMS update to CY2011 Physician Fee Schedule, December 29<sup>th</sup>, 2010. Medicare payments shown are national averages and are not geographically adjusted. Calculated with 2011 conversion factor of \$33.9764
  3. Only billed when fiducial markers are placed. Per 2011 CPT book, "Report supply of device separately."
  4. 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 2011.

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