

## Part B Insider (Multispecialty) Coding Alert

### Coding: Don't Bill for Both 43268 and 43269 With ERCP

#### Stent removal is part of stent change under Medicare

You can bill for a number of things with an endoscopic retrograde cholangiopancreatography (ERCP), including stone removal, sphincter-otomy, dilation, or removal of a stent.

But Medicare won't pay for both the removal of an old stent and the placement of a new stent alongside an ERCP. Many physicians believe they should be able to bill 43269 (removal of foreign body) and 43268 (insertion of tube or stent) together, says **Linda Parks** with GI Diagnostic Gastroenterology in Atlanta.

The 2002 CPT Update reworded the descriptors of these two codes to make it clearer, but some physicians still insist on trying to bill for both on the same day.

Even though ERCPs are a high-paying service, Medicare seldom questions multiple claims for ERCP-related procedures on the same day, Parks says. "I have less problems getting multiple ERCPs paid than I do multiple EGDs."

Also, remember that with multiple surgeries, the rates are reduced for additional procedures, says **Barbara Kallas**, billing specialist for Gastroenterology Consultants in Milwaukee. The procedure with the highest RVUs is the main procedure, and you should affix modifier -59 (Distinct procedural service) to all other procedures.