

Ambulatory Surgery Center Payment System, Hospital Outpatient Prospective Payment System and Physician Fee Schedule

Medicare has made some significant changes to its Ambulatory Surgery Center payment system (ASC) [Table 1], Hospital Outpatient Prospective Payment System (OPPS) [Table 2], and Physician Fee Schedule (PFS) for 2017. In the charts below, we have identified some of the most significant changes. We have chosen to focus on changes greater than or equal to \$100 for ASC and OPPS from 2016 to 2017. There were no changes to the PFS that met this criterion. If you have questions about specific information in this document, or perhaps something you do not see in this document, please do not hesitate to contact our reimbursement team at 800.468.1379 or reimbursement@cookmedical.com.

Table 1: Changes in Ambulatory Surgery Center Reimbursement for Procedures of Interest				
CPT Code	Procedural Description	2017 Ambulatory Surgery Center Fee Schedule	2016 Ambulatory Surgery Center Fee Schedule	Payment Difference
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	\$607.64	\$416.80	\$190.84
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	\$1,134.02	\$608.39	\$525.63
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	\$1,134.02	\$608.39	\$525.63
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	\$607.64	\$416.80	\$190.84
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	\$607.64	\$416.80	\$190.84
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$2,678.00	\$1,679.99	\$998.01
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$607.64	\$1,107.43	(\$499.79)
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	\$607.64	\$416.80	\$190.84
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	\$607.64	\$416.80	\$190.84
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	\$1,750.64	\$1,107.43	\$643.21
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$2,742.52	\$1,679.99	\$1,062.53
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$607.64	\$416.80	\$190.84
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	\$2,612.22	\$1,679.99	\$932.23
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	\$607.64	\$416.80	\$190.84
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$1,134.02	\$1,679.99	(\$545.97)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	\$3,412.54	\$1,679.99	\$1,732.55

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Table 1: Changes in Ambulatory Surgery Center Reimbursement for Procedures of Interest (continued)

CPT Code	Procedural Description	2017 Ambulatory Surgery Center Fee Schedule	2016 Ambulatory Surgery Center Fee Schedule	Payment Difference
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$473.82	\$929.09	(\$455.27)
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$2,856.15	\$1,679.99	\$1,176.16
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	\$2,745.42	\$1,679.99	\$1,065.43
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	\$473.82	\$929.09	(\$455.27)
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$377.81	\$269.99	\$107.82

NOTE: This is not an all-inclusive list of procedural code changes.

Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest

CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	\$1,269.25	\$1,037.50	\$231.75
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	\$1,269.25	\$1,037.50	\$231.75
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	\$1,269.25	\$1,037.50	\$231.75
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	\$1,269.25	\$1,037.50	\$231.75
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	\$2,430.20	\$1,991.92	\$438.28
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	\$2,430.20	\$1,991.92	\$438.28
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies], one or two mediastinal and/or hilar lymph node stations or structures	\$2,430.20	\$1,991.92	\$438.28
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies], 3 or more mediastinal and/or hilar lymph node stations or structures	\$2,430.20	\$1,991.92	\$438.28
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	\$1,334.27	\$745.36	\$588.91

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (continued)

CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	\$1,334.27	\$1,088.00	\$246.27
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	\$1,334.27	\$1,088.00	\$246.27
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	\$1,334.27	\$1,088.00	\$246.27
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	\$2,509.64	\$1,088.00	\$1,421.64
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	\$2,509.64	\$1,088.00	\$1,421.64
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	\$1,334.27	\$1,088.00	\$246.27
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	\$1,334.27	\$745.36	\$588.91
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	\$1,334.27	\$745.36	\$588.91
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	\$1,334.27	\$1,088.00	\$246.27
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	\$1,334.27	\$1,088.00	\$246.27
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$3,938.95	\$3,613.57	\$325.38
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	\$1,334.27	\$1,088.00	\$246.27
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	\$1,334.27	\$1,088.00	\$246.27
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	\$1,334.27	\$1,088.00	\$246.27
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$1,334.27	\$1,980.43	(\$646.16)
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$1,334.27	\$1,088.00	\$246.27
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	\$1,334.27	\$1,088.00	\$246.27
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	\$1,334.27	\$1,088.00	\$246.27
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	\$1,334.27	\$1,088.00	\$246.27
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	\$2,509.64	\$1,980.43	\$529.21
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	\$1,334.27	\$1,088.00	\$246.27

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (continued)

CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
43232	Esophagoscopy, flexible; transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	\$1,334.27	\$1,088.00	\$246.27
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	\$1,334.27	\$1,088.00	\$246.27
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	\$1,334.27	\$1,088.00	\$246.27
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	\$1,334.27	\$1,088.00	\$246.27
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	\$2,509.64	\$1,980.43	\$529.21
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	\$1,334.27	\$745.36	\$588.91
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	\$1,334.27	\$1,088.00	\$246.27
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	\$1,334.27	\$745.36	\$588.91
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	\$1,334.27	\$1,088.00	\$246.27
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	\$1,334.27	\$1,088.00	\$246.27
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	\$1,334.27	\$1,088.00	\$246.27
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	\$1,334.27	\$1,088.00	\$246.27
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$1,334.27	\$1,088.00	\$246.27
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$1,334.27	\$1,088.00	\$246.27
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	\$1,334.27	\$1,088.00	\$246.27

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (continued)

CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	\$1,334.27	\$1,088.00	\$246.27
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	\$1,334.27	\$1,088.00	\$246.27
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	\$1,334.27	\$1,088.00	\$246.27
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$2,509.64	\$1,980.43	\$529.21
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	\$2,509.64	\$1,980.43	\$529.21
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	\$2,509.64	\$1,980.43	\$529.21
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	\$2,509.64	\$1,980.43	\$529.21
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	\$2,509.64	\$1,980.43	\$529.21
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	\$3,938.95	\$1,980.43	\$1,958.52
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$3,938.95	\$3,613.57	\$325.38
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	\$1,334.27	\$1,088.00	\$246.27
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	\$3,938.95	\$3,613.57	\$325.38
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	\$2,509.64	\$1,980.43	\$529.21
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	\$3,938.95	\$3,613.57	\$325.38
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	\$2,509.64	\$1,980.43	\$529.21
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	\$2,509.64	\$1,980.43	\$529.21

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (continued)

CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$1,334.27	\$745.36	\$588.91
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	\$1,334.27	\$1,088.00	\$246.27
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	\$1,334.27	\$1,088.00	\$246.27
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$1,334.27	\$1,088.00	\$246.27
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$1,334.27	\$1,088.00	\$246.27
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$1,334.27	\$1,088.00	\$246.27
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$1,334.27	\$1,088.00	\$246.27
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	\$3,938.95	\$3,613.57	\$325.38
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	\$1,334.27	\$1,088.00	\$246.27
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	\$1,334.27	\$1,088.00	\$246.27
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$1,334.27	\$1,088.00	\$246.27
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	\$1,334.27	\$1,088.00	\$246.27
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$1,334.27	\$1,088.00	\$246.27
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	\$3,938.95	\$3,613.57	\$325.38
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	\$1,334.27	\$745.36	\$588.91
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$2,509.64	\$3,613.57	(\$1,103.93)
44389	Colonoscopy through stoma; with biopsy, single or multiple	\$877.23	\$752.76	\$124.47

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (continued)

CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
44390	Colonoscopy through stoma; with removal of foreign body(s)	\$877.23	\$752.76	\$124.47
44391	Colonoscopy through stoma; with control of bleeding, any method	\$877.23	\$752.76	\$124.47
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$877.23	\$752.76	\$124.47
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$877.23	\$752.76	\$124.47
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	\$877.23	\$752.76	\$124.47
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	\$3,938.95	\$3,613.57	\$325.38
44403	Colonoscopy through stoma; with endoscopic mucosal resection	\$877.23	\$752.76	\$124.47
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	\$877.23	\$752.76	\$124.47
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	\$877.23	\$752.76	\$124.47
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	\$877.23	\$752.76	\$124.47
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	\$877.23	\$752.76	\$124.47
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$667.40	\$492.45	\$174.95
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	\$667.40	\$492.45	\$174.95
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	\$877.23	\$752.76	\$124.47
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$667.40	\$492.45	\$174.95
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	\$877.23	\$752.76	\$124.47
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	\$667.40	\$492.45	\$174.95
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	\$877.23	\$752.76	\$124.47
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$877.23	\$752.76	\$124.47
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	\$877.23	\$752.76	\$124.47
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	\$877.23	\$752.76	\$124.47
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$877.23	\$1,661.50	(\$784.27)

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Table 2: Changes in Hospital Outpatient Reimbursement for Procedures of Interest (continued)

CPT Code	Procedural Description	2017 Hospital Outpatient Payment	2016 Hospital Outpatient Payment	Payment Difference
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	\$877.23	\$752.76	\$124.47
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$3,938.95	\$3,613.57	\$325.38
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	\$877.23	\$752.76	\$124.47
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	\$877.23	\$752.76	\$124.47
45379	Colonoscopy, flexible; with removal of foreign body(s)	\$877.23	\$752.76	\$124.47
45380	Colonoscopy, flexible; with biopsy, single or multiple	\$877.23	\$752.76	\$124.47
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	\$877.23	\$752.76	\$124.47
45382	Colonoscopy, flexible; with control of bleeding, any method	\$877.23	\$752.76	\$124.47
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$877.23	\$752.76	\$124.47
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$877.23	\$752.76	\$124.47
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	\$877.23	\$752.76	\$124.47
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	\$877.23	\$752.76	\$124.47
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	\$3,938.95	\$3,613.57	\$325.38
45390	Colonoscopy, flexible; with endoscopic mucosal resection	\$877.23	\$752.76	\$124.47
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	\$877.23	\$752.76	\$124.47
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	\$877.23	\$1,661.50	(\$784.27)
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	\$877.23	\$752.76	\$124.47
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	\$667.40	\$492.45	\$174.95
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$699.49	\$482.83	\$216.66

NOTE: This is not an all-inclusive list of procedural code changes.

Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT, coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.