



# 2020 GI Endoscopy Coding and Reimbursement Guide

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# 2020 GI Endoscopy Guide Medicare Reimbursement

BILIARY AND PANCREATIC		Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
		Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
CPT® Code	Procedure Description					
<b>DIAGNOSTIC</b>						
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$1,306.14	5303	\$2,999.08	\$336.00	N/A*
<b>THERAPEUTIC</b>						
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	\$1,306.14	5303	\$2,999.08	\$352.24	N/A*
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	\$1,306.14	5303	\$2,999.08	\$371.73	N/A*
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	\$1,306.14	5303	\$2,999.08	\$371.73	N/A*
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	\$1,306.14	5303	\$2,999.08	\$378.58	N/A*
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	\$1,960.57	5331	\$4,780.83	\$451.49	N/A*
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  (For bilateral balloon dilation [both right and left hepatic ducts], 43277 may be reported twice with modifier -59 appended to the second procedure)	\$1,306.14	5303	\$2,999.08	\$394.10	N/A*
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	\$1,306.14	5303	\$2,999.08	\$451.49	N/A*

**NOTE:** Do not report 43277 for use of a balloon catheter to clear stones/debris from a duct. Any dilation of the duct that may occur during this maneuver is considered inherent to the work of 43264 and 43265.

**NOTE:** Code 43277 may be separately reported if sphincteroplasty or dilation of a ductal stricture is required before proceeding to remove stones/debris from the duct during the same session.

**NOTE:** Multiple procedure reduction may apply.

# 2020 GI Endoscopy Guide Medicare Reimbursement

BILIARY AND PANCREATIC (CONT.)		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
CPT® Code	Procedure Description					
<b>STENTING</b>						
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	\$1,960.57	5331	\$4,780.83	\$482.16	N/A*
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) (For removal of stent from biliary or pancreatic duct without ERCP, use 43247)	\$1,306.14	5303	\$2,999.08	\$391.94	N/A*
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	\$1,960.57	5331	\$4,780.83	\$501.65	N/A*

**NOTE:** An ERCP is considered complete if one or more of the ductal system(s), (pancreatic/biliary) is visualized. To report ERCP attempted but with unsuccessful cannulation of any ductal system, see 43235-43259, 43266, 43270.

**NOTE:** For stent placement in both the pancreatic duct and the common bile duct during the same operative session, placement of separate stents in both the right and left hepatic ducts, or placement of two side-by-side stents in the same duct, 43274 may be reported for each additional stent placed, using modifier -59 with the subsequent procedure(s).

**NOTE:** Multiple procedure reduction may apply.

# 2020 GI Endoscopy Guide Medicare Reimbursement

## DIAGNOSTIC AND ULTRASOUND ENDOSCOPY

CPT Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
		Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
<b>DIAGNOSTIC</b>						
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	\$663.06	5302	\$1,557.40	\$159.88	N/A*
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	\$663.06	5302	\$1,557.40	\$175.04	N/A*
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$135.34	5301	\$785.92	\$86.62	\$199.22
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	\$144.36	5301	\$785.92	\$103.22	\$219.43
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$397.12	5301	\$785.92	\$90.95	\$248.66
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	\$663.06	5302	\$1,557.40	\$107.19	\$347.91
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$397.12	5301	\$785.92	\$127.76	\$288.00
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	\$397.12	5301	\$785.92	\$144.00	\$383.64
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)	\$663.06	5302	\$1,557.40	\$149.41	N/A*
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	\$663.06	5302	\$1,557.40	\$164.93	N/A*
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)	\$663.06	5302	\$1,557.40	\$295.94	N/A*
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	\$663.06	5302	\$1,557.40	\$311.46	N/A*
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$397.12	5301	\$785.92	\$58.10	\$187.67
44382	Ileoscopy, through stoma; with biopsy, single or multiple	\$397.12	5301	\$785.92	\$75.79	\$293.77

# 2020 GI Endoscopy Guide Medicare Reimbursement

## DIAGNOSTIC AND ULTRASOUND ENDOSCOPY (CONT.)

CPT Code	Procedure Description	Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
		Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$385.98	5311	\$763.88	\$163.13	\$313.62
44389	Colonoscopy through stoma; with biopsy, single or multiple	\$507.42	5312	\$1,004.22	\$179.37	\$412.87
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$145.44	5311	\$763.88	\$58.10	\$179.73
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	\$385.98	5311	\$763.88	\$74.35	\$282.58
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$385.98	5311	\$763.88	\$193.08	\$339.97
45380	Colonoscopy, flexible; with biopsy, single or multiple	\$507.42	5312	\$1,004.22	\$208.96	\$437.77
<b>ULTRASOUND</b>						
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	\$663.06	5302	\$1,557.40	\$165.65	N/A*
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	\$663.06	5302	\$1,557.40	\$203.55	N/A*
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	\$663.06	5302	\$1,557.40	\$235.67	N/A*
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	\$507.42	5312	\$1,004.22	\$238.92	N/A*
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	\$385.98	5311	\$763.88	\$128.84	N/A*
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	\$507.42	5312	\$1,004.22	\$268.15	N/A*

**NOTE:** Esophagoscopy includes examination from the cricopharyngeus muscle (upper esophageal sphincter) to and including the gastroesophageal junction. It may also include examination of the proximal region of the stomach via retroflexion when performed.

**NOTE:** To report esophagogastrosocopy where the duodenum is deliberately not examined [eg, judged clinically not pertinent], or because the clinical situation precludes such exam [eg, significant gastric retention precludes safe exam of duodenum], append modifier -52 if repeat examination is not planned, or modifier -53 if repeat examination is planned.

**NOTE:** Multiple procedure reduction may apply.

# 2020 GI Endoscopy Guide Medicare Reimbursement

ENDOSCOPIC DILATION		Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
		Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
CPT Code	Procedure Description					
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	\$1,306.14	5303	\$2,999.08	\$190.56	N/A*
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	\$1,306.14	5303	\$2,999.08	\$203.19	N/A*
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	\$663.06	5302	\$1,557.40	\$269.95	\$1,262.79
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	\$663.06	5302	\$1,557.40	\$200.66	N/A*
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	\$663.06	5302	\$1,557.40	\$122.71	\$1,039.03
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	\$663.06	5302	\$1,557.40	\$135.34	\$367.76
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	\$663.06	5302	\$1,557.40	\$238.92	N/A*
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	\$663.06	5302	\$1,557.40	\$183.34	\$605.95
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	\$397.12	5301	\$785.92	\$172.51	\$399.52
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	\$663.06	5302	\$1,557.40	\$159.52	\$1,120.59
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	\$663.06	5302	\$1,557.40	\$86.62	\$1,006.19
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	\$507.42	5312	\$1,004.22	\$190.56	\$574.19
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	\$507.42	5312	\$1,004.22	\$80.84	\$466.28
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	\$507.42	5312	\$1,004.22	\$220.51	\$628.33

**NOTE:** Multiple procedure reduction may apply.

# 2020 GI Endoscopy Guide Medicare Reimbursement

<b>FOREIGN BODY REMOVAL</b>		<b>Ambulatory Surgery Center</b>	<b>Outpatient Hospital</b>	<b>Physician Services</b>		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	\$663.06	5302	\$1,557.40	\$200.30	N/A*
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	\$663.06	5302	\$1,557.40	\$147.25	\$395.19
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	\$397.12	5301	\$785.92	\$184.42	\$381.47
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	\$663.06	5302	\$1,557.40	\$199.94	N/A*
44390	Colonoscopy through stoma; with removal of foreign body(s)	\$385.98	5311	\$763.88	\$219.07	\$404.93
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	\$507.42	5312	\$1,004.22	\$109.71	\$272.12
45379	Colonoscopy, flexible; with removal of foreign body(s)	\$507.42	5312	\$1,004.22	\$249.38	\$438.49

**NOTE:** Multiple procedure reduction may apply.

<b>REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S)</b>		<b>Ambulatory Surgery Center</b>	<b>Outpatient Hospital</b>	<b>Physician Services</b>		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
<b>HOT BIOPSY FORCEPS/CAUTERY</b>						
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$663.06	5302	\$1,557.40	\$139.31	\$403.85
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$663.06	5302	\$1,557.40	\$178.28	\$445.71
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	\$663.06	5302	\$1,557.40	\$189.11	N/A*



# 2020 GI Endoscopy Guide Medicare Reimbursement

REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) (CONT.)		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
CPT Code	Procedure Description					
<b>HOT BIOPSY FORCEPS/CAUTERY (Cont.)</b>						
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$507.42	5312	\$1,004.22	\$208.60	\$381.83
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$385.98	5311	\$763.88	\$97.80	\$321.92
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$507.42	5312	\$1,004.22	\$238.19	\$488.30
<b>SNARE TECHNIQUE</b>						
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$663.06	5302	\$1,557.40	\$166.74	\$412.51
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (For endoscopic mucosal resection, use 43254)	\$663.06	5302	\$1,557.40	\$204.27	\$490.10
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	\$663.06	5302	\$1,557.40	\$212.93	N/A*
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$507.42	5312	\$1,004.22	\$235.31	\$437.05
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$507.42	5312	\$1,004.22	\$125.23	\$291.25
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$507.42	5312	\$1,004.22	\$265.26	\$457.26
<b>ABLATION</b>						
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)	\$1,306.14	5303	\$2,999.08	\$205.71	\$715.30
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)	\$663.06	5302	\$1,557.40	\$233.86	\$734.43

# 2020 GI Endoscopy Guide Medicare Reimbursement

## REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) (CONT.)

		<i>Ambulatory Surgery Center</i>	<i>Outpatient Hospital</i>	<i>Physician Services</i>		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
<b>ABLATION (Cont.)</b>						
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	\$663.06	5302	\$1,557.40	\$256.24	N/A*
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)	\$507.42	5312	\$1,004.22	\$252.63	\$2,895.50
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)	\$507.42	5312	\$1,004.22	\$166.74	\$2,824.40
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)	\$507.42	5312	\$1,004.22	\$282.58	\$2,991.86

**NOTE:** Multiple procedure reduction may apply.

## HEMOSTASIS AND VARICES TREATMENT

		<i>Ambulatory Surgery Center</i>	<i>Outpatient Hospital</i>	<i>Physician Services</i>		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
<b>HEMOSTASIS</b>						
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	\$663.06	5302	\$1,557.40	\$171.43	\$638.43
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	\$663.06	5302	\$1,557.40	\$208.96	\$674.52
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)	\$663.06	5302	\$1,557.40	\$250.10	N/A*
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)	\$663.06	5302	\$1,557.40	\$400.60	N/A*

# 2020 GI Endoscopy Guide Medicare Reimbursement

## HEMOSTASIS AND VARICES TREATMENT (CONT.)

		Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
<b>HEMOSTASIS (Cont.)</b>						
44391	Colonoscopy through stoma; with control of bleeding, any method	\$507.42	5312	\$1,004.22	\$240.00	\$695.45
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	\$507.42	5312	\$1,004.22	\$121.98	\$542.43
45382	Colonoscopy, flexible; with control of bleeding, any method	\$507.42	5312	\$1,004.22	\$269.95	\$722.52
<b>INJECTION OF SCLEROSING AGENT</b>						
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	\$663.06	5302	\$1,557.40	\$140.75	N/A*
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices (Do not report 43243 in conjunction with 43236, 43255 for the same lesion)	\$663.06	5302	\$1,557.40	\$247.22	N/A*
<b>BAND LIGATION</b>						
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	\$663.06	5302	\$1,557.40	\$146.89	N/A*
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	\$663.06	5302	\$1,557.40	\$255.52	N/A*

**NOTE:** When bleeding occurs as a result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session.

**NOTE:** Multiple procedure reduction may apply.

## ENDOSCOPIC STENTING

		Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$3,124.58	5331	\$4,780.83	\$197.77	N/A*
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$3,165.28	5331	\$4,780.83	\$227.01	N/A*
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	\$3,168.54	5331	\$4,780.83	\$277.53	N/A*

# 2020 GI Endoscopy Guide Medicare Reimbursement

ENDOSCOPIC STENTING (CONT.)		Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	\$1,960.57	5331	\$4,780.83	\$425.86	N/A*
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$1,306.14	5303	\$2,999.08	\$160.24	N/A*
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	\$2,943.57	5331	\$4,780.83	\$272.84	N/A*
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$3,247.24	5331	\$4,780.83	\$160.24	N/A*
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	\$3,132.65	5331	\$4,780.83	\$302.07	N/A*

**NOTE:** Multiple procedure reduction may apply.

ENTERAL FEEDING		Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	\$663.06	5302	\$1,557.40	\$209.32	N/A*
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	\$118.69	5371	\$234.90	\$39.70	\$232.78
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	\$118.69	5371	\$234.90	\$88.06	\$347.91

# 2020 GI Endoscopy Guide Medicare Reimbursement

## ENTERAL FEEDING (CONT.)

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	\$663.06	5302	\$1,557.40	\$250.10	N/A*
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	\$663.06	5302	\$1,557.40	\$200.30	N/A*
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$397.12	5301	\$785.92	\$68.93	\$677.05

**NOTE:** Multiple procedure reduction may apply.

## ENDOSCOPIC SUBMUCOSAL INJECTIONS

		Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	\$663.06	5302	\$1,557.40	\$175.40	N/A*
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	\$663.06	5302	\$1,557.40	\$107.55	\$248.66
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	\$397.12	5301	\$785.92	\$144.00	\$384.36
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	\$507.42	5312	\$1,004.22	\$179.37	\$410.70
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	\$385.98	5311	\$763.88	\$68.93	\$273.56
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	\$507.42	5312	\$1,004.22	\$208.96	\$434.52

**NOTE:** Multiple procedure reduction may apply.

# 2020 GI Endoscopy Guide Medicare Reimbursement

TRANSENDOSCOPIC ULTRASOUND-GUIDED FINE NEEDLE BIOPSY		Ambulatory Surgery Center	Outpatient Hospital	Physician Services		
CPT Code	Procedure Description	Facility Payment (National Medicare Avg) <sup>1</sup>	APC	Facility Payment (National Medicare Avg) <sup>2</sup>	Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) <sup>3</sup>	Fee When Procedure Is Performed in Office (National Medicare Avg) <sup>3</sup>
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	\$663.06	5302	\$1,557.40	\$207.52	N/A*
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)	\$663.06	5302	\$1,557.40	\$241.80	N/A*
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)  (For transendoscopic ultrasound-guided transmural fine needle aspiration/biopsy limited to the esophagus, stomach, duodenum, or adjacent structure, use 43238)	\$663.06	5302	\$1,557.40	\$273.56	N/A*
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	\$507.42	5312	\$1,004.22	\$286.92	N/A*
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$507.42	5312	\$1,004.22	\$176.48	N/A*
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	\$507.42	5312	\$1,004.22	\$316.87	N/A*

**NOTE:** Multiple procedure reduction may apply.

\*N/A - Medicare has not developed a rate for the in-office setting, because these procedures are typically performed in a hospital setting. Physicians should contact their local Medicare contractor to determine if the service can be performed in-office. If the contractor determines the service or procedure may be performed in-office, the physician will receive Medicare's physician fee schedule amount for procedures performed in the Hospital/ASC.

<sup>1</sup> 2020 Medicare Ambulatory Surgery Center Fee Schedule

<sup>2</sup> 2020 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

<sup>3</sup> 2020 Medicare Physician Fee Schedule