



2022 GI Endoscopy Coding and Reimbursement Guide

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If you have any questions, please contact our reimbursement team at
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2022 GI Endoscopy Guide Medicare Reimbursement

| BILIARY AND PANCREATIC | | Ambulatory Surgery Center | Outpatient Hospital | Physician Services | | |
|------------------------|---|--|---------------------|---|---|--|
| | | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| CPT® Code | Procedure Description | | | | | |
| DIAGNOSTIC | | | | | | |
| 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | \$1,400.38 | 5303 | \$3,135.90 | \$326.34 | N/A* |
| THERAPEUTIC | | | | | | |
| 43261 | Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple | \$1,400.38 | 5303 | \$3,135.90 | \$342.26 | N/A* |
| 43262 | Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy | \$1,400.38 | 5303 | \$3,135.90 | \$361.98 | N/A* |
| 43263 | Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi | \$1,400.38 | 5303 | \$3,135.90 | \$361.98 | N/A* |
| 43264 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s) | \$1,400.38 | 5303 | \$3,135.90 | \$368.21 | N/A* |
| 43265 | Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy) | \$2,109.69 | 5331 | \$5,140.85 | \$439.15 | 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) | \$1,400.38 | 5303 | \$3,135.90 | \$383.09 | 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 | \$1,400.38 | 5303 | \$3,135.90 | \$438.46 | 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.

2022 GI Endoscopy Guide Medicare Reimbursement

| BILIARY AND PANCREATIC (CONT.) | | Ambulatory Surgery Center | Outpatient Hospital | | Physician Services | |
|--------------------------------|---|--|---------------------|---|---|--|
| | | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| CPT® Code | Procedure Description | | | | | |
| STENTING | | | | | | |
| 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 | \$2,771.97 | 5331 | \$5,140.85 | \$468.22 | 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) | \$1,400.38 | 5303 | \$3,135.90 | \$380.67 | 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 | \$2,814.62 | 5331 | \$5,140.85 | \$487.60 | 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.

2022 GI Endoscopy Guide Medicare Reimbursement

| DIAGNOSTIC AND ULTRASOUND ENDOSCOPY | | Ambulatory Surgery Center | Outpatient Hospital | Physician Services | | |
|-------------------------------------|---|--|---------------------|--|--|---|
| CPT Code | Procedure Description | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ² | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| DIAGNOSTIC | | | | | | |
| 43191 | Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure) | \$706.87 | 5302 | \$1,658.81 | \$157.46 | N/A* |
| 43193 | Esophagoscopy, rigid, transoral; with biopsy, single or multiple | \$706.87 | 5302 | \$1,658.81 | \$171.99 | N/A* |
| 43197 | Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | \$135.74 | 5301 | \$826.39 | \$84.09 | \$200.72 |
| 43198 | Esophagoscopy, flexible, transnasal; with biopsy, single or multiple | \$145.48 | 5301 | \$826.39 | \$100.01 | \$221.48 |
| 43200 | Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | \$419.08 | 5301 | \$826.39 | \$88.94 | \$278.93 |
| 43202 | Esophagoscopy, flexible, transoral; with biopsy, single or multiple | \$706.87 | 5302 | \$1,658.81 | \$104.51 | \$383.09 |
| 43235 | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | \$419.08 | 5301 | \$826.39 | \$124.24 | \$314.57 |
| 43239 | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple | \$419.08 | 5301 | \$826.39 | \$139.81 | \$402.47 |
| 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) | \$706.87 | 5302 | \$1,658.81 | \$145.00 | N/A* |
| 44361 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple | \$706.87 | 5302 | \$1,658.81 | \$160.57 | 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) | \$706.87 | 5302 | \$1,658.81 | \$287.58 | N/A* |
| 44377 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple | \$706.87 | 5302 | \$1,658.81 | \$302.46 | N/A* |
| 44380 | Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | \$419.08 | 5301 | \$826.39 | \$57.10 | \$206.95 |
| 44382 | Ileoscopy, through stoma; with biopsy, single or multiple | \$419.08 | 5301 | \$826.39 | \$73.71 | \$319.76 |

2022 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) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| 44388 | Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | \$411.01 | 5311 | \$810.48 | \$158.50 | \$332.57 |
| 44389 | Colonoscopy through stoma; with biopsy, single or multiple | \$537.08 | 5312 | \$1,059.06 | \$174.07 | \$437.08 |
| 45330 | Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | \$158.58 | 5311 | \$810.48 | \$56.75 | \$196.22 |
| 45331 | Sigmoidoscopy, flexible; with biopsy, single or multiple | \$411.01 | 5311 | \$810.48 | \$72.33 | \$305.92 |
| 45378 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | \$411.01 | 5311 | \$810.48 | \$186.87 | \$357.14 |
| 45380 | Colonoscopy, flexible; with biopsy, single or multiple | \$537.08 | 5312 | \$1,059.06 | \$202.79 | \$460.26 |
| ULTRASOUND | | | | | | |
| 43231 | Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination | \$706.87 | 5302 | \$1,658.81 | \$160.57 | N/A* |
| 43237 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures | \$706.87 | 5302 | \$1,658.81 | \$198.29 | 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 | \$706.87 | 5302 | \$1,658.81 | \$228.05 | N/A* |
| 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures | \$537.08 | 5312 | \$1,059.06 | \$231.52 | N/A* |
| 45341 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination | \$411.01 | 5311 | \$810.48 | \$125.62 | N/A* |
| 45391 | Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures | \$537.08 | 5312 | \$1,059.06 | \$260.93 | 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.

2022 GI Endoscopy Guide Medicare Reimbursement

| ENDOSCOPIC DILATION | | Ambulatory Surgery Center | Outpatient Hospital | Physician Services | | |
|---------------------|--|--|---------------------|---|---|--|
| | | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| CPT Code | Procedure Description | | | | | |
| 43195 | Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter) | \$1,400.38 | 5303 | \$3,135.90 | \$187.22 | N/A* |
| 43196 | Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire | \$1,400.38 | 5303 | \$3,135.90 | \$198.29 | N/A* |
| 43213 | Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed) | \$706.87 | 5302 | \$1,658.81 | \$263.35 | \$1,337.18 |
| 43214 | Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) | \$706.87 | 5302 | \$1,658.81 | \$195.53 | N/A* |
| 43220 | Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter) | \$706.87 | 5302 | \$1,658.81 | \$119.39 | \$978.66 |
| 43226 | Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire | \$706.87 | 5302 | \$1,658.81 | \$132.20 | \$410.43 |
| 43233 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) | \$706.87 | 5302 | \$1,658.81 | \$232.90 | N/A* |
| 43245 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie) | \$706.87 | 5302 | \$1,658.81 | \$177.88 | \$640.21 |
| 43248 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire | \$419.08 | 5301 | \$826.39 | \$167.84 | \$439.84 |
| 43249 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) | \$706.87 | 5302 | \$1,658.81 | \$155.38 | \$1,180.42 |
| 44381 | Ileoscopy, through stoma; with transendoscopic balloon dilation | \$706.87 | 5302 | \$1,658.81 | \$85.13 | \$1,053.07 |
| 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation | \$537.08 | 5312 | \$1,059.06 | \$185.14 | \$595.23 |
| 45340 | Sigmoidoscopy, flexible; with transendoscopic balloon dilation | \$537.08 | 5312 | \$1,059.06 | \$79.25 | \$495.21 |
| 45386 | Colonoscopy, flexible; with transendoscopic balloon dilation | \$537.08 | 5312 | \$1,059.06 | \$213.87 | \$654.06 |

NOTE: Multiple procedure reduction may apply.

2022 GI Endoscopy Guide Medicare Reimbursement

| FOREIGN BODY REMOVAL | | Ambulatory Surgery Center | Outpatient Hospital | Physician Services | | |
|-----------------------------|---|--|----------------------------|--|--|---|
| CPT Code | Procedure Description | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| 43194 | Esophagoscopy, rigid, transoral; with removal of foreign body(s) | \$706.87 | 5302 | \$1,658.81 | \$196.56 | N/A* |
| 43215 | Esophagoscopy, flexible, transoral; with removal of foreign body(s) | \$706.87 | 5302 | \$1,658.81 | \$143.62 | \$420.12 |
| 43247 | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) | \$419.08 | 5301 | \$826.39 | \$179.26 | \$406.62 |
| 44363 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s) | \$706.87 | 5302 | \$1,658.81 | \$194.14 | N/A* |
| 44390 | Colonoscopy through stoma; with removal of foreign body(s) | \$411.01 | 5311 | \$810.48 | \$212.14 | \$425.66 |
| 45332 | Sigmoidoscopy, flexible; with removal of foreign body(s) | \$537.08 | 5312 | \$1,059.06 | \$106.59 | \$294.15 |
| 45379 | Colonoscopy, flexible; with removal of foreign body(s) | \$537.08 | 5312 | \$1,059.06 | \$242.24 | \$458.53 |

NOTE: Multiple procedure reduction may apply.

| REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) | | Ambulatory Surgery Center | Outpatient Hospital | Physician Services | | |
|---|---|--|----------------------------|--|--|---|
| CPT Code | Procedure Description | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| HOT BIOPSY FORCEPS/CAUTERY | | | | | | |
| 43216 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | \$706.87 | 5302 | \$1,658.81 | \$134.96 | \$439.50 |
| 43250 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | \$706.87 | 5302 | \$1,658.81 | \$172.34 | \$483.45 |
| 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 | \$706.87 | 5302 | \$1,658.81 | \$183.76 | N/A* |

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| REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) (CONT.) | | Ambulatory Surgery Center | Outpatient Hospital | | Physician Services | |
|---|---|--|---------------------|---|---|--|
| | | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| CPT Code | Procedure Description | | | | | |
| HOT BIOPSY FORCEPS/CAUTERY (Cont.) | | | | | | |
| 44392 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | \$537.08 | 5312 | \$1,059.06 | \$202.10 | \$406.28 |
| 45333 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | \$411.01 | 5311 | \$810.48 | \$95.17 | \$351.95 |
| 45384 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | \$537.08 | 5312 | \$1,059.06 | \$231.86 | \$518.05 |
| SNARE TECHNIQUE | | | | | | |
| 43217 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | \$706.87 | 5302 | \$1,658.81 | \$161.96 | \$448.50 |
| 43251 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (For endoscopic mucosal resection, use 43254) | \$706.87 | 5302 | \$1,658.81 | \$198.29 | \$529.82 |
| 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 | \$706.87 | 5302 | \$1,658.81 | \$206.60 | N/A* |
| 44394 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | \$537.08 | 5312 | \$1,059.06 | \$229.09 | \$463.38 |
| 45338 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | \$537.08 | 5312 | \$1,059.06 | \$121.81 | \$317.34 |
| 45385 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | \$537.08 | 5312 | \$1,059.06 | \$257.82 | \$478.60 |
| ABLATION | | | | | | |
| 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) | \$1,830.46 | 5303 | \$3,135.90 | \$198.99 | \$766.53 |
| 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) | \$706.87 | 5302 | \$1,658.81 | \$226.67 | \$785.56 |

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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) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| ABLATION (Cont.) | | | | | | |
| 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 | \$706.87 | 5302 | \$1,658.81 | \$248.13 | 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) | \$537.08 | 5312 | \$1,059.06 | \$244.67 | \$2,601.00 |
| 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) | \$537.08 | 5312 | \$1,059.06 | \$162.30 | \$2,520.02 |
| 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) | \$537.08 | 5312 | \$1,059.06 | \$273.74 | \$2,685.79 |

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) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| HEMOSTASIS | | | | | | |
| 43227 | Esophagoscopy, flexible, transoral; with control of bleeding, any method | \$706.87 | 5302 | \$1,658.81 | \$166.80 | \$639.87 |
| 43255 | Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method | \$706.87 | 5302 | \$1,658.81 | \$203.14 | \$674.13 |
| 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) | \$706.87 | 5302 | \$1,658.81 | \$241.90 | 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) | \$706.87 | 5302 | \$1,658.81 | \$389.32 | N/A* |

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HEMOSTASIS AND VARICES TREATMENT (CONT.)

| | | Ambulatory Surgery Center | Outpatient Hospital | Physician Services | | |
|--------------------------------------|---|--|---------------------|--|--|---|
| CPT Code | Procedure Description | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| HEMOSTASIS (Cont.) | | | | | | |
| 44391 | Colonoscopy through stoma; with control of bleeding, any method | \$537.08 | 5312 | \$1,059.06 | \$233.59 | \$684.16 |
| 45334 | Sigmoidoscopy, flexible; with control of bleeding, any method | \$537.08 | 5312 | \$1,059.06 | \$119.05 | \$531.90 |
| 45382 | Colonoscopy, flexible; with control of bleeding, any method | \$537.08 | 5312 | \$1,059.06 | \$262.66 | \$712.54 |
| INJECTION OF SCLEROSING AGENT | | | | | | |
| 43204 | Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices | \$706.87 | 5302 | \$1,658.81 | \$136.35 | 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) | \$706.87 | 5302 | \$1,658.81 | \$239.82 | N/A* |
| BAND LIGATION | | | | | | |
| 43205 | Esophagoscopy, flexible, transoral; with band ligation of esophageal varices | \$706.87 | 5302 | \$1,658.81 | \$141.89 | N/A* |
| 43244 | Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices | \$706.87 | 5302 | \$1,658.81 | \$247.78 | 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) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| 43212 | Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | \$3,335.22 | 5331 | \$5,140.85 | \$192.06 | N/A* |
| 43266 | Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | \$3,400.83 | 5331 | \$5,140.85 | \$220.79 | N/A* |
| 44370 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation) | \$3,646.68 | 5331 | \$5,140.85 | \$269.58 | N/A* |

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| ENDOSCOPIC STENTING (CONT.) | | Ambulatory Surgery Center | Outpatient Hospital | Physician Services | | |
|-----------------------------|---|--|---------------------|--|--|---|
| CPT Code | Procedure Description | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| 44379 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation) | \$2,109.69 | 5331 | \$5,140.85 | \$414.24 | N/A* |
| 44384 | Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | \$1,400.38 | 5303 | \$3,135.90 | \$156.42 | N/A* |
| 44402 | Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed) | \$3,632.94 | 5331 | \$5,140.85 | \$264.74 | N/A* |
| 45347 | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | \$3,462.55 | 5331 | \$5,140.85 | \$156.07 | N/A* |
| 45389 | Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed) | \$3,502.94 | 5331 | \$5,140.85 | \$293.46 | 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) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| 43246 | Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube | \$706.87 | 5302 | \$1,658.81 | \$203.14 | N/A* |
| 43762 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract | \$137.82 | 5371 | \$271.77 | \$37.72 | \$242.59 |
| 43763 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract | \$137.82 | 5371 | \$271.77 | \$86.52 | \$366.13 |

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ENTERAL FEEDING (CONT.)

| | | Ambulatory Surgery Center | Outpatient Hospital | | Physician Services | |
|-------------|---|--|---------------------|---|---|--|
| CPT Code | Procedure Description | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| 44372 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube | \$706.87 | 5302 | \$1,658.81 | \$242.59 | 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 | \$706.87 | 5302 | \$1,658.81 | \$194.14 | N/A* |
| 49450 | Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report | \$419.08 | 5301 | \$826.39 | \$65.41 | \$641.60 |

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) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| 43192 | Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance | \$706.87 | 5302 | \$1,658.81 | \$172.34 | N/A* |
| 43201 | Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance | \$706.87 | 5302 | \$1,658.81 | \$104.86 | \$275.12 |
| 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance | \$419.08 | 5301 | \$826.39 | \$139.12 | \$429.12 |
| 44404 | Colonoscopy through stoma; with directed submucosal injection(s), any substance | \$537.08 | 5312 | \$1,059.06 | \$174.42 | \$448.84 |
| 45335 | Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance | \$411.01 | 5311 | \$810.48 | \$66.79 | \$311.46 |
| 45381 | Colonoscopy, flexible; with directed submucosal injection(s), any substance | \$537.08 | 5312 | \$1,059.06 | \$202.79 | \$469.61 |

NOTE: Multiple procedure reduction may apply.

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TRANSENDOSCOPIC ULTRASOUND-GUIDED FINE NEEDLE BIOPSY

| CPT Code | Procedure Description | Ambulatory Surgery Center | Outpatient Hospital | | Physician Services | |
|----------|---|--|---------------------|--|--|---|
| | | Facility Payment (National Medicare Avg) ¹ | APC | Facility Payment (National Medicare Avg) ² | Fee When Procedure Is Performed in Hospital or ASC (National Medicare Avg) ³ | Fee When Procedure Is Performed in Office (National Medicare Avg) ³ |
| 43232 | Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) | \$706.87 | 5302 | \$1,658.81 | \$201.75 | 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) | \$706.87 | 5302 | \$1,658.81 | \$234.63 | 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) | \$706.87 | 5302 | \$1,658.81 | \$266.12 | 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 | \$537.08 | 5312 | \$1,059.06 | \$278.93 | N/A* |
| 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) | \$537.08 | 5312 | \$1,059.06 | \$171.65 | 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 | \$537.08 | 5312 | \$1,059.06 | \$307.30 | 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.

¹ 2022 Medicare Ambulatory Surgery Center Fee Schedule

² 2022 Medicare Hospital Outpatient Prospective Payment System (OPPS) Fee Schedule

³ 2022 Medicare Physician Fee Schedule