Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

The following codes are thought to be relevant to GI Biopsy procedures and are referenced throughout this guide.

All rates shown are 2019 Medicare national averages; actual rates will vary geographically and/or by individual facility.

### Medicare Physician, Hospital Outpatient, and ASC Payments

It is important to remember that surgical endoscopy always includes a diagnostic endoscopy (CPT® Code 43200). Therefore, when a diagnostic endoscopy is performed during the same session as a surgical endoscopy, the diagnostic endoscopy code is not separately reported. (CPT Assistant, October 2001)

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Code Description</th>
<th>Work</th>
<th>Total Office</th>
<th>Total Facility</th>
<th>In-Office</th>
<th>In-Facility</th>
<th>Hospital Outpatient</th>
<th>ASC</th>
</tr>
</thead>
<tbody>
<tr>
<td>43193</td>
<td>Esophagoscopy, rigid, transoral; with biopsy, single or multiple</td>
<td>2.79</td>
<td>NA</td>
<td>4.88</td>
<td>NA</td>
<td>$176</td>
<td>$1,483†</td>
<td>$643</td>
</tr>
<tr>
<td>43202</td>
<td>Esophagoscopy, flexible, transoral; with biopsy, single or multiple</td>
<td>1.72</td>
<td>9.16</td>
<td>3.00</td>
<td>$330</td>
<td>$108</td>
<td>$1,483†</td>
<td>$643</td>
</tr>
<tr>
<td>43239</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple</td>
<td>2.39</td>
<td>10.19</td>
<td>4.05</td>
<td>$367</td>
<td>$146</td>
<td>$762</td>
<td>$392</td>
</tr>
<tr>
<td>43261</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple</td>
<td>6.15</td>
<td>NA</td>
<td>9.92</td>
<td>NA</td>
<td>$358</td>
<td>$2,825†</td>
<td>$1,246</td>
</tr>
<tr>
<td>44361</td>
<td>Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple</td>
<td>2.77</td>
<td>NA</td>
<td>4.65</td>
<td>NA</td>
<td>$168</td>
<td>$1,483†</td>
<td>$643</td>
</tr>
<tr>
<td>44382</td>
<td>Ileoscopy, through stoma; with biopsy, single or multiple</td>
<td>1.17</td>
<td>7.80</td>
<td>2.14</td>
<td>$281</td>
<td>$77</td>
<td>$762</td>
<td>$392</td>
</tr>
<tr>
<td>44386</td>
<td>Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple</td>
<td>1.50</td>
<td>8.36</td>
<td>2.60</td>
<td>$301</td>
<td>$94</td>
<td>$745</td>
<td>$384</td>
</tr>
<tr>
<td>44389</td>
<td>Colonoscopy through stoma; with biopsy, single or multiple</td>
<td>3.02</td>
<td>11.08</td>
<td>5.02</td>
<td>$399</td>
<td>$181</td>
<td>$980</td>
<td>$505</td>
</tr>
<tr>
<td>45305</td>
<td>Proctosigmoidoscopy, rigid; with biopsy, single or multiple</td>
<td>1.15</td>
<td>4.38</td>
<td>2.11</td>
<td>$158</td>
<td>$76</td>
<td>$980</td>
<td>$505</td>
</tr>
<tr>
<td>45331</td>
<td>Sigmoidoscopy, flexible; with biopsy, single or multiple</td>
<td>1.14</td>
<td>7.60</td>
<td>2.08</td>
<td>$274</td>
<td>$75</td>
<td>$745</td>
<td>$384</td>
</tr>
<tr>
<td>45380</td>
<td>Colonoscopy, flexible; with biopsy, single or multiple</td>
<td>3.56</td>
<td>11.79</td>
<td>5.87</td>
<td>$425</td>
<td>$212</td>
<td>$980</td>
<td>$505</td>
</tr>
</tbody>
</table>

See important notes on the uses and limitations of this information on page 2.

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Effective: 1JAN2019
Expires: 31DEC2019
MS-DRG Rates Expire: 30SEP2019
ENDO-47499-AH 1
### CPT® Code Information

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### C-Code Information

For all C-Code information, please reference the C-Code Finder: http://www.bostonscientific.com/reimbursement

### Medicare Hospital Inpatient Payment

Inpatient payment information not shown because the biopsy procedure will rarely, if ever, be the primary reason for a hospital admission.

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**CPT® Code** | **Code Description** | **Work** | **Total Office** | **Total Facility** | **In-Office** | **In-Facility** | **Hospital Outpatient** | **ASC**
--- | --- | --- | --- | --- | --- | --- | --- | ---
**Hot Biopsy**
43216 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | 2.30 | 10.63 | 3.86 | $383 | $139 | $1,483† | $643
43250 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | 2.97 | 11.79 | 4.97 | $425 | $179 | $1,483† | $643
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 | 3.21 | NA | 5.32 | NA | $192 | $1,483† | $643
44392 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | 3.53 | 10.25 | 5.82 | $369 | $210 | $880 | $505
45308 | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery | 1.30 | 4.93 | 2.43 | $178 | $88 | $2,235† | $1,140
45333 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | 1.55 | 8.67 | 2.73 | $312 | $98 | $745 | $384
45384 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | 4.07 | 13.13 | 6.68 | $473 | $241 | $880 | $505

**Notes:**

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2. **Patient Payment Information:**

   - The 2019 National Average Medicare physician payment rates have been calculated using a 2019 conversion factor of $36.0391. Rates subject to change.
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3. **Sequstration Disclaimer:**

   - Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2019. All trademarks are the property of their respective owners.

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