

2019 Coding & Payment Quick Reference

Select Polypectomy Procedures

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 Polypectomy 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

2019 Medicare National Average Payment

CPT® Code ¹	Code Description	RVUs			Physician ²				Facility ³	
		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 ¹	\$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 ¹	\$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 ¹	\$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	\$980	\$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	\$2,335 ¹	\$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	\$980	\$505		
Snare										
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.80	11.15	4.69	\$402	\$169	\$1,483 ¹	\$643		
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	3.47	13.04	5.74	\$470	\$207	\$1,483 ¹	\$643		
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	3.63	NA	5.99	NA	\$216	\$1,483 ¹	\$643		
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.03	11.79	6.60	\$425	\$238	\$980	\$505		
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	1.40	5.11	2.59	\$184	\$93	\$980	\$505		
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.05	7.88	3.50	\$284	\$126	\$980	\$505		
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.57	12.38	7.45	\$446	\$268	\$980	\$505		

See important notes on the uses and limitations of this information on page 3.

CPT copyright 2018 American Medical Association. All rights reserved.
CPT is a registered trademark of the American Medical Association.

Effective: 1JAN2019
Expires: 31DEC2019
MS-DRG Rates Expire: 30SEP2019
ENDO-47409-AH

CPT® Code ¹	Code Description	RVUs			2019 Medicare National Average Payment			
		Work	Total Office	Total Facility	Physician ^{2,2}		Facility ³	
					In-Office	In-Facility	Hospital Outpatient	ASC
Hot Biopsy or Snare								
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	1.70	5.61	3.07	\$202	\$111	\$980	\$505
Other								
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)	3.49	19.09	5.77	\$688	\$208	\$2,825 ¹	\$1,246
Foreign Body Removal								
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	NA	5.58	NA	\$201	\$1,483 ¹	\$643
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.44	10.58	4.14	\$381	\$149	\$1,483 ¹	\$643
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	10.24	5.18	\$369	\$187	\$762	\$392
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.39	NA	5.62	NA	\$203	\$1,483 ¹	\$643
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.60	5.03	2.79	\$181	\$101	\$2,335 ¹	\$1,140
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	7.36	3.06	\$265	\$110	\$980	\$505
45379	Colonoscopy, flexible; with removal of foreign body(s)	4.28	11.86	7.00	\$427	\$252	\$980	\$505
Endoscopic Mucosal Resection								
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	4.20	NA	6.87	NA	\$248	\$1,483 ¹	\$643
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4.87	NA	7.91	NA	\$285	\$1,483 ¹	\$643
44403	Colonoscopy through stoma; with endoscopic mucosal resection	5.50	NA	8.89	NA	\$320	\$980	\$505
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.52	NA	5.80	NA	\$209	\$980	\$505
45390	Colonoscopy, flexible; with endoscopic mucosal resection	6.04	NA	9.74	NA	\$351	\$980	\$505

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 polypectomy procedure will rarely, if ever, be the primary reason for a hospital admission.

Please note: this coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Information included herein is current as of November 2018 but is subject to change without notice. Rates for services are effective January 1, 2019.

† Comprehensive APCs (C-APCs): In 2014, CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS has fully implemented this policy and has identified these high-cost, device-related services as the primary service on a claim. All other services reported on the same date will be considered "adjunctive, supportive, related or dependent services" provided to support the delivery of the primary service and will be unconditionally packaged into the OPPS C-APC payment of the primary service with minor exceptions.

‡ The 2019 National Average Medicare physician payment rates have been calculated using a 2019 conversion factor of \$36.0391. Rates subject to change.

NA "NA" indicates that there is no in-office differential for these codes.

- 1 Current Procedural Terminology (CPT) copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
- 2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - November 2018 release, RVU17A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU16A.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>
- 3 Source: November 2, 2018 Federal Register CMS-1695-F and December 28, 2018 Federal Register CMS-1695-CN2.

SEQUESTRATION 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.

Boston Scientific

Advancing science for life™

Boston Scientific Corporation
300 Boston Scientific Way
Marlboro, MA 01752
www.bostonscientific.com

©2019 Boston Scientific Corporation
or its affiliates. All rights reserved.

Effective: 1JAN2019
Expires: 31DEC2019
MS-DRG Rates Expire: 30SEP2019
ENDO-47409-AH