2023 Coding & Payment Quick Reference
Select Gastroenterology (GI) Biopsy 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 GI Biopsy procedures and are referenced throughout this guide.

All rates shown are 2023 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)

Medicare Physician, Hospital Outpatient, and ASC Payments

			RVUs			2023 Medicare National Average Payment			
						Physician‡, 2		Facility3	
APC	CPT® Code	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Cold Biopsy									
5302†	43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	2.79	NA	5.04	NA	$167	$1,742	$753
5302†	43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1.72	10.78	3.03	$356	$100	$1,742	$753
5301	43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	2.39	11.34	4.06	$375	$134	$826	$430
5303†	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.15	NA	9.91	NA	$328	$3,261	$1,501
5302†	44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	2.77	NA	4.64	NA	$153	$1,742	$753
5302†	44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	5.42	NA	8.77	NA	$290	$1,742	$753
5301	44382	Ileoscopy, through stoma; with biopsy, single or multiple	1.17	9.02	2.19	$298	$72	$826	$430
5311	44386	Endoscopic evaluation of small intestinal pouch (e.g., Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	1.5	9.38	2.63	$310	$87	$831	$433
5312	44389	Colonoscopy through stoma; with biopsy, single or multiple	3.02	12.40	5.05	$410	$167	$1,083	$564
5312	45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	1.15	5.48	2.16	$181	$71	$1,083	$564
5311	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.14	8.63	2.12	$285	$70	$831	$433
5312	45380	Colonoscopy, flexible; with biopsy, single or multiple	3.56	13.04	5.89	$431	$195	$1,083	$564
Hot Biopsy									
5302†	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.30	12.35	3.91	$408	$129	$1,742	$753
5302†	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.97	13.59	5.00	$449	$165	$1,742	$753
5302†	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	5.33	NA	$176	$1,742	$753
5312	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.53	11.64	5.87	$385	$194	$1,083	$564
5313†	45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.30	6.20	2.52	$205	$83	$2,569	$1,235
5311	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.55	9.93	2.76	$328	$91	$831	$433
5312	45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.07	14.69	6.69	$486	$221	$1,083	$564

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C-Code Information

For all C-Code information, please reference the C-Code Finder.

Code	Description
C1889	Implantable/insertable device, not otherwise classified

Medicare Hospital Inpatient Payment

Inpatient payment information not shown because biopsy procedures 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.

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† Comprehensive APCs (C-APCs): CMS implemented their C-APC policy with the goal of identifying certain high-cost device-related outpatient procedures (formerly "device intensive" APCs). CMS identifies 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. Certain exceptions are defined under CMS's C-APC "complexity adjustment" policy and can be found in the OPPS Addenda files (Addendum J).

‡ The 2023 National Average Medicare physician payment rates have been calculated using a 2023 conversion factor of $33.0607. Rates subject to change.

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

1. Current Procedural Rate (CPT) 2022 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. Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule - November 2022 release CMS-1770-F
3. Center for Medicare and Medicaid Services. CMS Hospital Outpatient and Ambulatory Surgery Center Payment Schedules - November 2022 release, CMS-1772-FC.

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