

## 2017 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.

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

2017 Medicare National Average Payment

		RVUs			Physician <sup>1,2</sup>		Facility <sup>3</sup>	
CPT® Code <sup>1</sup>	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	10.12	3.95	\$363	\$142	\$1,335 <sup>†</sup>	\$609
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.97	11.28	5.00	\$405	\$179	\$1,335 <sup>†</sup>	\$609
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	5.30	NA	\$190	\$1,335 <sup>†</sup>	\$609
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.53	9.96	5.82	\$357	\$209	\$878	\$475
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.30	4.55	2.44	\$163	\$88	\$2,168 <sup>†</sup>	\$1,115
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.55	8.33	2.76	\$299	\$99	\$668	\$361
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.07	12.76	6.71	\$458	\$241	\$878	\$475
Snare								
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.80	10.79	4.72	\$387	\$169	\$1,335 <sup>†</sup>	\$609
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	3.47	12.50	5.76	\$449	\$207	\$1,335 <sup>†</sup>	\$609
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	6.01	NA	\$216	\$1,335 <sup>†</sup>	\$609
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.03	11.49	6.63	\$412	\$238	\$878	\$475
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	1.40	4.74	2.60	\$170	\$93	\$878	\$475
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.05	7.63	3.54	\$274	\$127	\$878	\$475
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.57	12.09	7.48	\$434	\$268	\$878	\$475

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

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		RVUs			2017 Medicare National Average Payment			
					Physician <sup>†,2</sup>		Facility <sup>3</sup>	
CPT® Code <sup>1</sup>	Code Description	Work	Total Office	Total Facility	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	5.15	3.06	\$185	\$110	\$878	\$475
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	18.33	5.80	\$658	\$208	\$2,511 <sup>†</sup>	\$1,136
Foreign Body Removal								
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	NA	5.61	NA	\$201	\$1,335 <sup>†</sup>	\$609
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.44	10.23	4.16	\$367	\$149	\$1,335 <sup>†</sup>	\$609
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	9.94	5.20	\$357	\$187	\$700	\$378
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.39	NA	5.64	NA	\$202	\$1,335 <sup>†</sup>	\$609
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.60	4.74	2.83	\$170	\$102	\$2,168 <sup>†</sup>	\$1,115
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	7.13	3.09	\$256	\$111	\$878	\$475
45379	Colonoscopy, flexible; with removal of foreign body(s)	4.28	11.60	7.03	\$416	\$252	\$878	\$475
Endoscopic Mucosal Resection								
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	4.20	NA	6.93	NA	\$249	\$1,335 <sup>†</sup>	\$609
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4.87	NA	7.96	NA	\$286	\$1,335 <sup>†</sup>	\$609
44403	Colonoscopy through stoma; with endoscopic mucosal resection	5.50	NA	8.92	NA	\$320	\$878	\$475
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.52	NA	5.83	NA	\$209	\$878	\$475
45390	Colonoscopy, flexible; with endoscopic mucosal resection	6.04	NA	9.77	NA	\$351	\$878	\$475

## 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.

## C-Code Information

For all C-Code information, please reference the C-code Finder: [www.bostonscientific.com/reimbursement](http://www.bostonscientific.com/reimbursement)

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† 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 2017 National Average Medicare physician payment rates have been calculated using a 2017 conversion factor of \$35.8887. Rates subject to change.

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

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2 Center for Medicare and Medicaid Services. CMS Physician Fee Schedule - January 2017 release, RVU17A file <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU16A.html?DLPPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

3 Source: January 3, 2017 Federal Register CMS-1656-CN.

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, 2017.

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