



## 2022 Coding & Payment Quick Reference

### Select 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 2022 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)

CPT® Code <sup>1</sup>	Code Description	2022 Medicare National Average Payment						
		Work	RVUs		Physician <sup>2,2</sup>		Facility <sup>3</sup>	
			Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
<b>Cold Biopsy</b>								
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	2.79	NA	4.97	NA	\$172	\$1,659 <sup>1</sup>	\$706
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	1.72	11.07	3.02	\$383	\$105	\$1,659 <sup>1</sup>	\$706
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	2.39	11.63	4.04	\$402	\$140	\$826	\$419
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	6.15	NA	9.89	NA	\$342	\$3,136 <sup>1</sup>	\$1,399
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	2.77	NA	4.64	NA	\$161	\$1,659 <sup>1</sup>	\$706
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	5.42	NA	8.74	NA	\$302	\$1,659 <sup>1</sup>	\$706
44382	Ileoscopy, through stoma; with biopsy, single or multiple	1.17	9.24	2.13	\$320	\$74	\$826	\$419
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); with biopsy, single or multiple	1.50	9.62	2.62	\$333	\$91	\$810	\$411
44389	Colonoscopy through stoma; with biopsy, single or multiple	3.02	12.63	5.03	\$437	\$174	\$1,059	\$537
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	1.15	5.53	2.14	\$191	\$74	\$1,059	\$537
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.14	8.84	2.09	\$306	\$72	\$810	\$411
45380	Colonoscopy, flexible; with biopsy, single or multiple	3.56	13.30	5.86	\$460	\$203	\$1,059	\$537

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

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CPT® Code <sup>1</sup>	Code Description	Work	RVUs		2022 Medicare National Average Payment			
			Total Office	Total Facility	Physician <sup>†,2</sup>		Facility <sup>3</sup>	
			In-Office	In-Facility	Hospital Outpatient	ASC		
<b>Hot Biopsy</b>								
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.30	12.70	3.90	\$439	\$135	\$1,659 <sup>†</sup>	\$706
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.97	13.97	4.98	\$483	\$172	\$1,659 <sup>†</sup>	\$706
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	5.31	NA	\$184	\$1,659 <sup>†</sup>	\$706
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.53	11.74	5.84	\$406	\$202	\$1,059	\$537
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.30	6.29	2.50	\$218	\$87	\$2,495 <sup>†</sup>	\$1,175
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.55	10.17	2.75	\$352	\$95	\$810	\$411
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.07	14.97	6.70	\$518	\$232	\$1,059	\$537

### 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.

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): 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 OPSS C-APC payment of the primary service with minor exceptions.

‡ The 2022 National Average Medicare physician payment rates have been calculated using a 2022 conversion factor of \$34.6062. 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 - December 2021 release <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notices/cms-1751-f>.

3 January 2022 Federal Register CMS-1753-CN <https://www.cms.gov/medicare/medicare-fee-service-payment/hospital-outpatientppsaddendum-and-addendum-b-updates/january-2022-0>.

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