

2020 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 2020 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Medicare Physician, Hospital Outpatient, and ASC Payments

2020 Medicare National Average Payment

CPT® Code ¹	Code Description	RVUs			Physician ^{2,2} 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	8.62	3.86	\$404	\$139	\$1,557 ¹	\$663
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.97	8.94	4.94	\$446	\$178	\$1,557 ¹	\$663
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	5.24	NA	\$189	\$1,557 ¹	\$663
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.53	6.52	5.78	\$382	\$209	\$1,004	\$507
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.30	3.63	2.44	\$189	\$88	\$2,344 ¹	\$1,100
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.55	7.15	2.71	\$322	\$98	\$764	\$386
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.07	8.90	6.60	\$488	\$238	\$1,004	\$507
Snare								
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.80	8.33	4.62	\$413	\$167	\$1,557 ¹	\$663
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	3.47	9.71	5.66	\$490	\$204	\$1,557 ¹	\$663
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	5.90	NA	\$213	\$1,557 ¹	\$663
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.03	7.57	6.52	\$437	\$235	\$1,004	\$507
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	1.40	3.69	2.60	\$196	\$94	\$1,004	\$507
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.05	5.76	3.47	\$291	\$125	\$1,004	\$507
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.57	7.58	7.35	\$457	\$265	\$1,004	\$507

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

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CPT® Code ¹	Code Description	RVUs			2020 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	3.81	3.08	\$214	\$111	\$1,004	\$507
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	15.91	5.70	\$715	\$206	\$2,999 [†]	\$1,306
Foreign Body Removal								
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	NA	5.55	NA	\$200	\$1,557 [†]	\$663
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.44	8.16	4.08	\$395	\$147	\$1,557 [†]	\$663
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	7.08	5.11	\$381	\$184	\$786	\$397
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.39	NA	5.54	NA	\$200	\$1,557 [†]	\$663
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.60	3.47	2.81	\$192	\$101	\$2,344 [†]	\$1,100
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	5.54	3.04	\$272	\$110	\$1,004	\$507
45379	Colonoscopy, flexible; with removal of foreign body(s)	4.28	7.36	6.91	\$438	\$249	\$1,004	\$507
Endoscopic Mucosal Resection								
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	4.20	NA	6.77	NA	\$244	\$1,557 [†]	\$663
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4.87	NA	7.80	NA	\$281	\$1,557 [†]	\$663
44403	Colonoscopy through stoma; with endoscopic mucosal resection	5.50	NA	8.77	NA	\$317	\$1,004	\$507
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.52	NA	5.73	NA	\$207	\$2,344 [†]	\$1,100
45390	Colonoscopy, flexible; with endoscopic mucosal resection	6.04	NA	9.59	NA	\$346	\$2,344 [†]	\$1,100

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.

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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 2020 National Average Medicare physician payment rates have been calculated using a 2020 conversion factor of \$36.0896. 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 - November 2019 release. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.html>

3 January 2020 Federal Register CMS-1717-CN.

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