



2026 Coding & Payment Quick Reference

Endobariatrics 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 Endobariatrics procedures and are referenced throughout this guide.

All rates shown are 2026 Medicare national averages; actual rates will vary geographically and/or by the individual facility.

Reimbursement information is being provided for illustrative purposes only. Providers are solely responsible for all procedures, coding, and billing decisions.

Medicare Physician, Hospital Outpatient, and ASC Payments

Endoscopic Sleeve Gastroplasty (ESG)

Beginning January 1, 2026, hospitals will be able to seek reimbursement by reporting the new Category I CPT Code for Endoscopic Sleeve Gastroplasty, 43889. This will replace HCPCS code C9784.

2026 Medicare National Average Payment									
				RVUS		Physician ^{±, 2}		Facility ³	
APC	CPT® Code ¹	Code Description	Work	Total Facility	Total Office	In-Facility	In-Office	Hospital Outpatient	ASC
5362 [†]	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	12.56	21.55	NA	\$720	NA	\$10,860	\$5,121

Transoral Outlet Reduction (TORe)

Currently, there is no unique Current Procedural Terminology (CPT) code for TORe. In the absence of unique codes, physicians may bill an unlisted procedure code. Physicians should submit a cover letter with the claim that explains the nature of the procedure, equipment required, estimated practice cost, and a comparison of physician work (time, intensity, risk) with other comparable services for which the payer has an established value.

2026 Medicare National Average Payment									
				RVUS		Physician ^{±, 2}		Facility ³	
APC	HCPCS/CPT® Code ¹	Code Description	Work	Total Facility	Total Office	In-Facility	In-Office	Hospital Outpatient	ASC
	43999	Unlisted procedure, stomach	NA	NA	NA	NA	NA	NA	NA
5362 [†]	C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	NA	NA	NA	NA	NA	\$10,860	\$5,121

Intragastric Balloon

Intragastric balloons are non-covered by Medicare.

2026 Medicare National Average Payment

				RVUS		Physician†, 2		Facility3	
APC	CPT® Code¹	Code Description	Work	Total Facility	Total Office	In-Facility	In-Office	Hospital Outpatient	ASC
Intragastric Balloon Placement									
5302†,±	43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	3.03	4.71	79.97	\$157	\$2,671	\$1,960	\$1,329
Intragastric Balloon Removal									
5301	43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	2.73	4.26	15.18	\$142	\$507	\$927	\$498

C-Code Information

C1889	Implantable / insertable device, not otherwise classified
	OverStitch™ Endoscopic Suturing System
	OverStitch™ NXT Endoscopic Suturing System
	Orbera™ Intragastric Balloon System

For other C-Code information, please reference the [C-Code Finder](#).

Disclaimers

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.

† Comprehensive APC (C-APC)

± Device Intensive ASC Payment Indicator (Addendum AA)

‡ The 2026 National Average Medicare physician payment rates have been calculated using a 2026 conversion factor of \$33.40. Rates subject to change.

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

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2. Centers for Medicare and Medicaid Services. CMS Physician Fee Schedule - CMS-1832-F – November 2025 release - Addendum B [CMS-1832-F | CMS](#)
3. Centers for Medicare and Medicaid Services. CMS Hospital Outpatient & ASC - CMS-1834-FC - November 2025 release - Addendums B (OPPS) & Addendum AA (ASC) [CMS-1834-FC | CMS](#)

As a condition of the FDA De Novo Authorization of the Overstitch NXT and Overstitch Endoscopic Suturing System for endobariatric procedures (formerly referred to as the Apollo ESG and Apollo REVISE Systems), the devices should only be used for Endoscopic Sleeve Gastroplasty (ESG) or to enable transoral outlet reduction (TORe) as a bariatric revision procedure by gastroenterologists and surgeons who have undergone specific training by the device manufacturer.

To fulfill the FDA requirement and special controls for these devices, Boston Scientific is required to independently host courses with consistent training curricula. More information regarding the referenced ESG and TORe revision procedure training courses is available through Boston Scientific."

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.



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