2023 Coding & Payment Quick Reference

Select Endoscopic Ultrasound-Guided 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 Endoscopic Ultrasound-Guided 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

			RVUs			2023 Medicare National Average Payment			
						Physician‡, 2		Facility[3]	
APC	CPT® Code[1]	Code Description	Work	Total Office	Total Facility	In-Office	In-Facility	Hospital Outpatient	ASC
Upper Gastrointestinal Procedures									
5302†	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	3.59	NA	5.79	NA	$196	$1,742	$752
5302†	43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	4.16	NA	6.80	NA	$230	$1,742	$752
5302†	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.73	NA	7.71	NA	$261	$1,742	$752
5303†	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	2.96	10.16	4.93	$344	$167	$3,261	$1,501
5302†	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (e.g., anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	4.73	NA	7.70	NA	$261	$1,742	$752
Lower Gastrointestinal Procedures									
5312	44407	Coloscopy through stoma; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	4.96	NA	8.07	NA	$273	$1,083	$564
5312	45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	2.98	NA	5.02	NA	$170	$1,083	$564
5312	45392	Colonoscopy, flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse or ascending colon and cecum, and adjacent structures	5.50	NA	8.92	NA	$302	$1,083	$564

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

C-Code Information

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

Medicare Hospital Inpatient Payment

Inpatient payment information not shown because endoscopic ultrasound-guided fine needle aspiration procedures will rarely, if ever, be the primary reason for a hospital admission.

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. Information included herein is current as of January 2023 but is subject to change without notice. Rates for services are effective January 1, 2023.

† 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 $33.8872. 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 - January 2023 release CMS-1770-F | CMS
3. Center for Medicare and Medicaid Services. CMS Hospital Outpatient and Ambulatory Surgery Center Payment Schedules – January 2023 release, CMS-1772-FC | CMS.

Boston Scientific
Advancing science for life™

Effective: 1JAN2023
Expires: 31DEC2023
MS-DRG Rates Expire: 30SEP2023
ENDO-1218407-AB

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.