



## 2024 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 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

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

APC	CPT® Code <sup>1</sup>	Code Description	Work	RVUs		2024 Medicare National Average Payment			
				Total Facility	Total Office	Physician <sup>2</sup>		Facility <sup>3</sup>	
						In-Facility	In-Office	Hospital Outpatient	ASC
<b>Hot Biopsy</b>									
5302†	43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.30	3.95	12.22	\$129	\$400	\$1,813	\$832
5302†	43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	2.97	5.03	13.45	\$165	\$440	\$1,813	\$832
5302†	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	5.38	NA	\$176	NA	\$1,813	\$832
5312	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.53	5.91	11.68	\$194	\$382	\$1,124	\$612
5313†	45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	1.30	2.54	6.14	\$83	\$201	\$2,675	\$1,349
5311	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.55	2.80	9.83	\$92	\$322	\$871	\$474
5312	45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	4.07	6.74	14.62	\$221	\$479	\$1,124	\$612
<b>Snare</b>									
5302†	43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.80	4.73	12.59	\$155	\$412	\$1,813	\$832
5302†	43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	3.47	5.78	14.79	\$189	\$484	\$1,813	\$832
5302†	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	6.02	NA	\$197	NA	\$1,813	\$832
5312	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.03	6.65	13.13	\$218	\$430	\$1,124	\$612
5312	45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	1.40	2.69	6.33	\$88	\$207	\$1,124	\$612
5312	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.05	3.56	8.97	\$117	\$294	\$1,124	\$612
5312	45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.57	7.49	13.6	\$245	\$445	\$1,124	\$612
<b>Hot Biopsy or Snare</b>									
5312	45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery, or snare technique	1.70	3.17	6.83	\$104	\$224	\$1,124	\$612
<b>Other</b>									
5303†±	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	5.81	21.16	\$190	\$693	\$3,649	\$2,644

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

## Medicare Physician, Hospital Outpatient, and ASC Payments

APC	CPT® Code <sup>1</sup>	Code Description	Work	RVUs		2024 Medicare National Average Payment			
				Total Facility	Total Office	Physician <sup>2</sup>		Facility <sup>3</sup>	
						In-Facility	In-Office	Hospital Outpatient	ASC
<b>Foreign Body Removal</b>									
5302†	43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	3.51	5.68	NA	\$186	NA	\$1,813	\$832
5302†	43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	2.44	4.19	11.75	\$137	\$385	\$1,813	\$832
5301	43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	3.11	5.22	11.49	\$171	\$376	\$864	\$470
5302†	44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	3.39	5.65	NA	\$185	NA	\$1,813	\$832
5313†	45307	Proctosigmoidoscopy, rigid; with removal of foreign body	1.60	3.01	6.41	\$99	\$210	\$2,675	\$1,349
5312	45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.76	3.13	8.32	\$102	\$272	\$1,124	\$612
5312	45379	Colonoscopy, flexible; with removal of foreign body(s)	4.28	7.03	13.01	\$230	\$426	\$1,124	\$612
<b>Endoscopic Mucosal Resection</b>									
5302†	43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	4.20	6.92	NA	\$227	NA	\$1,813	\$832
5302†	43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	4.87	7.95	NA	\$260	NA	\$1,813	\$832
5312	44403	Colonoscopy through stoma; with endoscopic mucosal resection	5.50	8.96	NA	\$293	NA	\$1,124	\$612
5313†	45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.52	5.84	NA	\$191	NA	\$2,675	\$1,349
5313†	45390	Colonoscopy, flexible; with endoscopic mucosal resection	6.04	9.79	NA	\$321	NA	\$2,675	\$1,349

## C-Code Information

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

## Medicare Hospital Inpatient Payment

Inpatient payment information not shown because polypectomy procedures will rarely, if ever, be the primary reason for a hospital admission.

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

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): 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 OPSS 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 OPSS Addenda files (Addendum J).

± Device Intensive ASC Payment Indicator (Addendum AA)

‡ The 2024 National Average Medicare physician payment rates have been calculated using a 2024 conversion factor of \$32.7442. 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 - January 2024 release [RVU24A | CMS](#).
3. Center for Medicare and Medicaid Services. CMS Hospital Outpatient and Ambulatory Surgery Center Payment Schedules - January 2024 release [Addendum B | CMS](#)



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