

	<b>Gastrointestinal Endoscopies and Related Services</b>	
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	<b>Policy Status: Active</b>	<b>Next Review Date: 08/09/2026</b>

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input type="checkbox"/> <b>LAB</b>	<input checked="" type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

Gastrointestinal endoscopy is a type of endoscopic procedure that allows physicians to examine the digestive system by inserting a long, flexible lighted instrument called an endoscope either through the rectum or down through the throat. These gastrointestinal endoscopy procedures may be performed to evaluate and treat disorders of the esophagus, stomach, small intestine, colon, and the pancreas and bile ducts.

Often endoscopy evaluation is used to detect early signs of gastrointestinal cancer, greatly increasing the chances for successful treatment. For example, early diagnosis can lead to better results for colorectal cancer treatment, including colorectal cancer surgery.

**Policy**

A screening colonoscopy is a test provided to a patient in the absence of signs or symptoms. A screening colonoscopy is a service performed on an asymptomatic person for the purpose of testing for the presence of colorectal cancer or colorectal polyps. Whether a polyp or cancer is found does not change the screening intent of that procedure. Screening or preventive colonoscopies should be identified with modifier 33.

When the primary purpose of the service is the delivery of an evidence-based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure. For separately reported services specifically identified as preventive, the modifier should not be used.

A diagnostic or screening endoscopy is always included as part of a surgical endoscopic procedure and should not be separately reported (e.g., 45378 is included as part of codes 45379 through 45398). Screening colonoscopies can be performed on patients aged 45 to 75.

In addition, an endoscopy with excision or removal of cyst, tumor, mass, lesion, or polyp includes the biopsy performed at the same surgical site. The endoscopic biopsy should not be separately reported (e.g., 43202 is included as part of 43216).

Therefore, if the biopsy is reported on the same day as the endoscopic procedure with excision or removal of cyst, tumor, mass, lesion or polyp, the services will be combined and processed under the appropriate procedure code for the endoscopic study with excision or removal of cyst, tumor, mass, lesion, or polyp.

When an endoscopic biopsy (e.g., code 43202) is performed on a separate surgical site, unrelated to the endoscopic excision or removal of cyst, tumor, mass, lesion, or polyp, the endoscopic biopsy may be considered for separate payment. In these cases, modifier-59 should be reported with the biopsy (e.g., 43202). The patient's medical record must include documentation identifying the different surgical sites these services were provided.

When a single endoscopic technique is performed on separate surgical sites, the code should only be reported once (e.g., if multiple esophageal polyps are removed by snare technique, code 43217 should only be reported once). If different endoscopic techniques are performed on separate sites, then multiple endoscopy codes can be reported (e.g., 43216 and 43217 can both be reported when polyps are removed from different sites via the different techniques represented by these codes).

CPT code 45385 (Flexible colonoscopy with removal of tumor(s), polyp(s), or lesion(s) by snare technique) and CPT code 45380 (Flexible colonoscopy with single or multiple biopsies) may be submitted together if the 2 procedures are performed on separate lesions. Use modifier 59 or XS to indicate a procedure was distinct or independent for another service.

Anesthesia for a screening colonoscopy is billed with code 00812. A screening colonoscopy is a test provided to a patient in the absence of signs or symptoms. A screening colonoscopy is a service performed on an asymptomatic person for the purpose of testing for the presence of colorectal cancer or colorectal polyps. Whether a polyp or cancer is found does not change the screening intent of that procedure.

A diagnostic or therapeutic colonoscopy is reported with CPT code 00811. Diagnostic colonoscopy is a test performed as a result of an abnormal finding, sign, or symptom (such as abdominal pain, bleeding, diarrhea, etc.).

When multiple endoscopies from the same endoscopic family are performed, payment will be bundled into the primary endoscopy procedure for providers who were re-contracted or newly contracted on or after June 1, 2021.

### Coding

CPT Range	Description
43260 - 43273	Endoscopic Procedures: ERCP
43235 - 43210	Endoscopic Procedures: Esophagogastroduodenoscopy (EGD)
45378 - 45398	Flexible and Rigid Colonoscopy Procedures
45330 - 45350	Flexible Sigmoidoscopy Procedures
44385 - 44386	Endoscopy of Small Intestinal Pouch

### References and Resources

American Medical Association CPT Manual  
Centers for Medicare and Medicaid Services

### Related Documents

N/A

### Revision History

Version	Date	Summary of Revisions
001	8/9/2022	Initial version
002	10/31/2022	Codes were corrected to say, "A diagnostic or screening endoscopy is always included as part of a surgical endoscopic procedure and should not be separately reported (e.g., 45378 is included as part of codes 45379 through 45398)".
003	8/9/2023	Annual review, there were no changes or updates made to the policy
04	8/9/2024	– Annual review, Information added on colonoscopy anesthesia codes 00811 and 00812 and payment for recontracted/newly contracted providers performing multiple endoscopies within the same family.

05	8/9/2025	Annual review, there were no changes or updates made to the policy
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