

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-006

**Subject:** Multiple Endoscopy Procedures

**Effective Date:** August 1, 2016

**End Date:**

**Issue Date:** January 1, 2024

**Revised Date:** January 2024

**Date Reviewed:** December 2023

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☐ NY ☐

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☐

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy. If an

endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

## **EXAMPLES:**

### Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

### Multiple endoscopic procedures in different groups

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

### Multiple endoscopies in one group reported with one endoscopy from a different group

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

### One endoscopy in one group reported with one endoscopy from a different group

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

### Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group

#### *For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group , subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**Note:** Due to Delaware State mandates, this policy does not apply to the Commercial Delaware market.

### **APPLICABLE PROCEDURE CODES:**

#### **Group 01: Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821	29822	29823	29824
29825	29827	29828					

#### **Group 02: Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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#### **Group 03: Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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#### **Group 04: Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915	29916
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#### **Group 05: Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876	29877	29879	29880
29881	29882	29883	29884	29885	29886	29887	

#### **Group 06: Nasal/Sinus Surgery - Endo Base Procedure 31231**

31233	31235	31237	31238	31239	31240	31241	31242
31243	31253	31254	31255	31256	31257	31259	31267
31276	31287	31288	31290	31291	31292	31293	31294
31295	31296	31297	31298	69705	69706		

#### **Group 07: Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513
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#### **Group 08: Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535	31540	31560	31570
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#### **Group 09: Laryngoscopy - Endo Base Procedure 31526**

31531	31536	31541	31545	31546	31561	31571
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**Group 10: Laryngoscopy - Endo Base Procedure 31575**

31572	31573	31574	31576	31577	31578	31579	42975
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**Group 11: Bronchoscopy - Endo Base Procedure 31622**

31623	31624	31625	31628	31629	31630	31631	31634
31635	31636	31638	31640	31641	31645	31647	31648
31660	31661	0781T	0782T				

**Group 12: Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192	43193	43194	43195	43196
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**Group 13: Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198
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**Group 14: Esophagoscopy - Endo Base Procedure 43200**

43201	43202	43204	43205	43206	43211	43212	43213
43214	43215	43216	43217	43220	43226	43227	43229
43231	43232						

**Group 15: UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210	43233	43236	43237	43238	43239	43240	43241
43242	43243	43244	43245	43246	43247	43248	43249
43250	43251	43252	43253	43254	43255	43257	43259
43266	43270	43290	43291	43497	0813T		

**Group 16: Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261	43262	43263	43264	43265	43274	43275	43276
43277	43278						

**Group 17: Small Bowel Endoscopy - Endo Base Procedure 44360**

44361	44363	44364	44365	44366	44369	44370	44372
44373							

**Group 18: Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377	44378	44379
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**Group 19: Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381	44382	44384
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**Group 20: Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389	44390	44391	44392	44394	44401	44402	44403
44404	44405	44406	44407	44408			

**Group 21: Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309	45315	45317	45320
45321	45327						

**Group 22: Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335	45337	45338	45340
45341	45342	45346	45347	45349	45350		

**Group 23: Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398		

**Group 24: Anoscopy – Endo Base Procedure 46000**

46601	46604	46606	46607	46608	46610	46611	46612
46614	46615						

**Group 25: Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556
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**Group 26: Laparoscopy - End Base Procedure 49320**

38570	38571	38572	38573	49321	49322	49323	49324
49325	58541	58550	58660	58661	58662	58670	58671
58672	58673						

**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endo Base Procedure 50551**

50555	50557	50561
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**Group 28: Renal Endoscopy via Nephrotomy/Pyelostomy - Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 29: Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961
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**Group 30: Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976
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**Group 31: Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204	52214	52224	52234
52235	52240	52250	52260	52265	52270	52275	52276
52277	52281	52282	52283	52284	52285	52287	52290
52300	52301	52305	52310	52315	52317	52318	52320
52325	52327	52330	52332	52334	52341	52342	52343
52344	52400	52402	52441				

**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy - Endo Base Procedure 52351**

52345      52346      52352      52353      52354      52355      52356

**Group 33: Colposcopy of Cervix - Endo Base Procedure 57452**

57454      57455      57456      57460      57461

**Group 34: Hysteroscopy - End Base Procedure 58555**

58558      58559      58560      58561      58562      58563      58565

**Group 35: Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711

**Group 36: Esophagogastroduodenoscopy - Endo Base Procedure 0652T**

0653T      0654T

**POLICY UPDATE HISTORY INFORMATION:**

8 / 2016	Implementation
1 / 2018	Code 45330 added to base code 45350 and 38573 added to base code 49320. Code 43235 was corrected to the appropriate endo base code 52000.
1 / 2020	Added endo base code 31231 and family codes 31233, 31235, 31237, 31238, 31239, 31240, 31241, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294, 31295, 31296, 31297 and 31298.
1 / 2021	Added codes 69705 and 69706 to endo base 31231
7 / 2021	Created group 36 with codes 0653T and 0654T in it and 0652T as the endo base. Added new header with expanded regional checkboxes.
1 / 2022	Added Delaware MA applicable to the policy. Added 42975 to endo base code 31575.
4 / 2022	Added code 43497 to endo base 43235
1 / 2023	Added code 43290 and 43291 to endo base 43235
9 / 2023	Administrative update. No changes in policy direction.
1 / 2024	Added 31242 and 31243 to endo base 31231. Added 52284 to endo base 52000. Added 0813T to endo base 43235. Added 0781T and 0782T to endo base 31622.

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-006

**Subject:** Multiple Endoscopy Procedures

**Effective Date:** August 1, 2016

**End Date:**

**Issue Date:** September 4, 2023

**Revised Date:** September 2023

**Date Reviewed:** September 2023

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☐ NY ☐

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☐

**Applicable Claim Type**

UB ☐ 1500 ☒

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## PURPOSE:

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#### *For the group that includes the base code*



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29825	29827	29828					

#### **Group 02: Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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#### **Group 03: Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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#### **Group 04: Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915	29916
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#### **Group 05: Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876	29877	29879	29880
29881	29882	29883	29884	29885	29886	29887	

#### **Group 06: Nasal/Sinus Surgery - Endo Base Procedure 31231**

31233	31235	31237	31238	31239	31240	31241	31253
31254	31255	31256	31257	31259	31267	31276	31287
31288	31290	31291	31292	31293	31294	31295	31296
31297	31298	69705	69706				

#### **Group 07: Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513
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#### **Group 08: Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535	31540	31560	31570
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#### **Group 09: Laryngoscopy - Endo Base Procedure 31526**

31531      31536      31541      31545      31546      31561      31571

**Group 10: Laryngoscopy - Endo Base Procedure 31575**

31572      31573      31574      31576      31577      31578      31579      42975

**Group 11: Bronchoscopy - Endo Base Procedure 31622**

31623      31624      31625      31628      31629      31630      31631      31634  
 31635      31636      31638      31640      31641      31645      31647      31648  
 31660      31661

**Group 12: Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192      43193      43194      43195      43196

**Group 13: Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198

**Group 14: Esophagoscopy - Endo Base Procedure 43200**

43201      43202      43204      43205      43206      43211      43212      43213  
 43214      43215      43216      43217      43220      43226      43227      43229  
 43231      43232

**Group 15: UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210      43233      43236      43237      43238      43239      43240      43241  
 43242      43243      43244      43245      43246      43247      43248      43249  
 43250      43251      43252      43253      43254      43255      43257      43259  
 43266      43270      43290      43291      43497

**Group 16: Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261      43262      43263      43264      43265      43274      43275      43276  
 43277      43278

**Group 17: Small Bowel Endoscopy - Endo Base Procedure 44360**

44361      44363      44364      44365      44366      44369      44370      44372  
 44373

**Group 18: Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377      44378      44379

**Group 19: Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381      44382      44384

**Group 20: Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389      44390      44391      44392      44394      44401      44402      44403  
 44404      44405      44406      44407      44408

**Group 21: Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309	45315	45317	45320
45321	45327						

**Group 22: Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335	45337	45338	45340
45341	45342	45346	45347	45349	45350		

**Group 23: Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398		

**Group 24: Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608	46610	46611	46612
46614	46615						

**Group 25: Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556
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**Group 26: Laparoscopy - End Base Procedure 49320**

38570	38571	38572	38573	49321	49322	49323	49324
49325	58541	58550	58660	58661	58662	58670	58671
58672	58673						

**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endo Base Procedure 50551**

50555	50557	50561
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**Group 28: Renal Endoscopy via Nephrotomy/Pyelostomy - Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 29: Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961
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50974	50976
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**Group 31: Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204	52214	52224	52234
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52277	52281	52282	52283	52285	52287	52290	52300
52301	52305	52310	52315	52317	52318	52320	52325

52327    52330    52332    52334    52341    52342    52343    52344  
 52400    52402    52441

**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy- Endo Base Procedure 52351**

52345    52346    52352    52353    52354    52355    52356

**Group 33: Colposcopy of Cervix - Endo Base Procedure 57452**

57454    57455    57456    57460    57461

**Group 34: Hysteroscopy - End Base Procedure 58555**

58558    58559    58560    58561    58562    58563    58565

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0653T    0654T

**POLICY UPDATE HISTORY INFORMATION:**

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# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-006

**Subject:** Multiple Endoscopy Procedures

**Effective Date:** August 1, 2016

**End Date:**

**Issue Date:** January 1, 2023

**Revised Date:** January 2023

**Date Reviewed:** December 2022

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☐ NY ☐

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☐

**Applicable Claim Type**

UB ☐ 1500 ☒

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*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group, subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**Note:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

### **APPLICABLE PROCEDURE CODES:**

#### **Group 01: Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821	29822	29823	29824
29825	29827	29828					

#### **Group 02: Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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#### **Group 03: Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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#### **Group 04: Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915	29916
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#### **Group 05: Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876	29877	29879	29880
29881	29882	29883	29884	29885	29886	29887	

#### **Group 06: Nasal/Sinus Surgery - Endo Base Procedure 31231**

31233	31235	31237	31238	31239	31240	31241	31253
31254	31255	31256	31257	31259	31267	31276	31287
31288	31290	31291	31292	31293	31294	31295	31296
31297	31298	69705	69706				

#### **Group 07: Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513
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#### **Group 08: Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535	31540	31560	31570
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#### **Group 09: Laryngoscopy - Endo Base Procedure 31526**

31531      31536      31541      31545      31546      31561      31571

**Group 10: Laryngoscopy - Endo Base Procedure 31575**

31572      31573      31574      31576      31577      31578      31579      42975

**Group 11: Bronchoscopy - Endo Base Procedure 31622**

31623      31624      31625      31628      31629      31630      31631      31634  
 31635      31636      31638      31640      31641      31645      31647      31648  
 31660      31661

**Group 12: Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192      43193      43194      43195      43196

**Group 13: Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198

**Group 14: Esophagoscopy - Endo Base Procedure 43200**

43201      43202      43204      43205      43206      43211      43212      43213  
 43214      43215      43216      43217      43220      43226      43227      43229  
 43231      43232

**Group 15: UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210      43233      43236      43237      43238      43239      43240      43241  
 43242      43243      43244      43245      43246      43247      43248      43249  
 43250      43251      43252      43253      43254      43255      43257      43259  
 43266      43270      43290      43291      43497

**Group 16: Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261      43262      43263      43264      43265      43274      43275      43276  
 43277      43278

**Group 17: Small Bowel Endoscopy - Endo Base Procedure 44360**

44361      44363      44364      44365      44366      44369      44370      44372  
 44373

**Group 18: Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377      44378      44379

**Group 19: Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381      44382      44384

**Group 20: Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389      44390      44391      44392      44394      44401      44402      44403  
 44404      44405      44406      44407      44408



**Group 21: Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309	45315	45317	45320
45321	45327						

**Group 22: Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335	45337	45338	45340
45341	45342	45346	45347	45349	45350		

**Group 23: Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398		

**Group 24: Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608	46610	46611	46612
46614	46615						

**Group 25: Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556
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**Group 26: Laparoscopy - End Base Procedure 49320**

38570	38571	38572	38573	49321	49322	49323	49324
49325	58541	58550	58660	58661	58662	58670	58671
58672	58673						

**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endo Base Procedure 50551**

50555	50557	50561
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**Group 28: Renal Endoscopy via Nephrotomy/Pyelostomy - Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 29: Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961
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**Group 30: Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976
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**Group 31: Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204	52214	52224	52234
52235	52240	52250	52260	52265	52270	52275	52276
52277	52281	52282	52283	52285	52287	52290	52300
52301	52305	52310	52315	52317	52318	52320	52325

52327    52330    52332    52334    52341    52342    52343    52344  
 52400    52402    52441

**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy- Endo Base Procedure 52351**

52345    52346    52352    52353    52354    52355    52356

**Group 33: Colposcopy of Cervix - Endo Base Procedure 57452**

57454    57455    57456    57460    57461

**Group 34: Hysteroscopy - End Base Procedure 58555**

58558    58559    58560    58561    58562    58563    58565

**Group 35: Endoscopic Ciliary Ablation - Endo Base Procedure 66710**  
 66711

**Group 36: Esophagogastroduodenoscopy - Endo Base Procedure 0652T**  
 0653T    0654T

**POLICY UPDATE HISTORY INFORMATION:**

8 / 2016	Implementation
1 / 2018	Code 45330 added to family base code 45350 and 38573 added to family base code 49320. Code 43235 was corrected to the appropriate base code 52000.
1 / 2020	Added endo base code 31231 and family codes 31233, 31235, 31237, 31238, 31239, 31240, 31241, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294, 31295, 31296, 31297 and 31298.
1 / 2021	Added codes 69705 and 69706 to endo base family 31231
7 / 2021	Created group 36 with codes 0653T and 0654T in it and 0652T as the endo base. Added new header with expanded regional checkboxes.
1 / 2022	Added Delaware MA applicable to the policy. Added 42975 to endo base code 31575.
4 / 2022	Added code 43497 to endo base family 43235
1 / 2023	Added code 43290 and 43291 to endo base family 43235

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-006

**Subject:** Multiple Endoscopy Procedures

**Effective Date:** August 1, 2016

**End Date:**

**Issue Date:** April 18, 2022

**Revised Date:** April 2022

**Date Reviewed:** March 2022

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☐ NY ☐

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☐

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy. If an

endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

## EXAMPLES:

### Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

### Multiple endoscopic procedures in different groups

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

### Multiple endoscopies in one group reported with one endoscopy from a different group

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

### One endoscopy in one group reported with one endoscopy from a different group

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

### Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group

#### *For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group, subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**Note:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

### **APPLICABLE PROCEDURE CODES:**

#### **Group 01: Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821	29822	29823	29824
29825	29827	29828					

#### **Group 02: Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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#### **Group 03: Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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#### **Group 04: Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915	29916
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#### **Group 05: Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876	29877	29879	29880
29881	29882	29883	29884	29885	29886	29887	

#### **Group 06: Nasal/Sinus Surgery - Endo Base Procedure 31231**

31233	31235	31237	31238	31239	31240	31241	31253
31254	31255	31256	31257	31259	31267	31276	31287
31288	31290	31291	31292	31293	31294	31295	31296
31297	31298	69705	69706				

#### **Group 07: Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513
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#### **Group 08: Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535	31540	31560	31570
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#### **Group 09: Laryngoscopy - Endo Base Procedure 31526**

31531      31536      31541      31545      31546      31561      31571

**Group 10: Laryngoscopy - Endo Base Procedure 31575**

31572      31573      31574      31576      31577      31578      31579      42975

**Group 11: Bronchoscopy - Endo Base Procedure 31622**

31623      31624      31625      31628      31629      31630      31631      31634  
 31635      31636      31638      31640      31641      31645      31647      31648  
 31660      31661

**Group 12: Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192      43193      43194      43195      43196

**Group 13: Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198

**Group 14: Esophagoscopy - Endo Base Procedure 43200**

43201      43202      43204      43205      43206      43211      43212      43213  
 43214      43215      43216      43217      43220      43226      43227      43229  
 43231      43232

**Group 15: UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210      43233      43236      43237      43238      43239      43240      43241  
 43242      43243      43244      43245      43246      43247      43248      43249  
 43250      43251      43252      43253      43254      43255      43257      43259  
 43266      43270      43497

**Group 16: Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261      43262      43263      43264      43265      43274      43275      43276  
 43277      43278

**Group 17: Small Bowel Endoscopy - Endo Base Procedure 44360**

44361      44363      44364      44365      44366      44369      44370      44372  
 44373

**Group 18: Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377      44378      44379

**Group 19: Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381      44382      44384

**Group 20: Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389      44390      44391      44392      44394      44401      44402      44403  
 44404      44405      44406      44407      44408

**Group 21: Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309	45315	45317	45320
45321	45327						

**Group 22: Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335	45337	45338	45340
45341	45342	45346	45347	45349	45350		

**Group 23: Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398		

**Group 24: Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608	46610	46611	46612
46614	46615						

**Group 25: Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556
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**Group 26: Laparoscopy - End Base Procedure 49320**

38570	38571	38572	38573	49321	49322	49323	49324
49325	58541	58550	58660	58661	58662	58670	58671
58672	58673						

**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endo Base Procedure 50551**

50555	50557	50561
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**Group 28: Renal Endoscopy via Nephrotomy/Pyelostomy - Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 29: Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961
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**Group 30: Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976
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**Group 31: Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204	52214	52224	52234
52235	52240	52250	52260	52265	52270	52275	52276
52277	52281	52282	52283	52285	52287	52290	52300
52301	52305	52310	52315	52317	52318	52320	52325

52327    52330    52332    52334    52341    52342    52343    52344  
 52400    52402    52441

**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy- Endo Base Procedure 52351**

52345    52346    52352    52353    52354    52355    52356

**Group 33: Colposcopy of Cervix - Endo Base Procedure 57452**

57454    57455    57456    57460    57461

**Group 34: Hysteroscopy - End Base Procedure 58555**

58558    58559    58560    58561    58562    58563    58565

**Group 35: Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711

**Group 36: Esophagogastroduodenoscopy - Endo Base Procedure 0652T**

0653T    0654T

**POLICY UPDATE HISTORY INFORMATION:**

8 / 2016	Implementation
1 / 2018	Code 45330 added to family base code 45350 and 38573 added to family base code 49320. Code 43235 was corrected to the appropriate base code 52000.
1 / 2020	Added endo base code 31231 and family codes 31233, 31235, 31237, 31238, 31239, 31240, 31241, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294, 31295, 31296, 31297 and 31298.
1 / 2021	Added codes 69705 and 69706 to endo base family 31231
7 / 2021	Created group 36 with codes 0653T and 0654T in it and 0652T as the endo base. Added new header with expanded regional checkboxes.
1 / 2022	Added Delaware MA applicable to the policy. Added 42975 to endo base code 31575.
4 / 2022	Added code 43497 to endo base family 43235



# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-006

**Subject:** Multiple Endoscopy Procedures

**Effective Date:** August 1, 2016

**End Date:**

**Issue Date:** January 3, 2022

**Revised Date:** January 2022

**Date Reviewed:** October 2021

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☐ NY ☐

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☐

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy. If an

endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

## EXAMPLES:

### Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

### Multiple endoscopic procedures in different groups

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
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### Multiple endoscopies in one group reported with one endoscopy from a different group

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the endoscopy in a different group*

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- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

### One endoscopy in one group reported with one endoscopy from a different group

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

### Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group

#### *For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
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**Note:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

### **APPLICABLE PROCEDURE CODES:**

#### **Group 01: Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821	29822	29823	29824
29825	29827	29828					

#### **Group 02: Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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#### **Group 03: Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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#### **Group 04: Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915	29916
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#### **Group 05: Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876	29877	29879	29880
29881	29882	29883	29884	29885	29886	29887	

#### **Group 06: Nasal/Sinus Surgery - Endo Base Procedure 31231**

31233	31235	31237	31238	31239	31240	31241	31253
31254	31255	31256	31257	31259	31267	31276	31287
31288	31290	31291	31292	31293	31294	31295	31296
31297	31298	69705	69706				

#### **Group 07: Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513
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#### **Group 08: Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535	31540	31560	31570
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#### **Group 09: Laryngoscopy - Endo Base Procedure 31526**

31531      31536      31541      31545      31546      31561      31571

**Group 10: Laryngoscopy - Endo Base Procedure 31575**

31572      31573      31574      31576      31577      31578      31579      42975

**Group 11: Bronchoscopy - Endo Base Procedure 31622**

31623      31624      31625      31628      31629      31630      31631      31634  
 31635      31636      31638      31640      31641      31645      31647      31648  
 31660      31661

**Group 12: Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192      43193      43194      43195      43196

**Group 13: Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198

**Group 14: Esophagoscopy - Endo Base Procedure 43200**

43201      43202      43204      43205      43206      43211      43212      43213  
 43214      43215      43216      43217      43220      43226      43227      43229  
 43231      43232

**Group 15: UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210      43233      43236      43237      43238      43239      43240      43241  
 43242      43243      43244      43245      43246      43247      43248      43249  
 43250      43251      43252      43253      43254      43255      43257      43259  
 43266      43270

**Group 16: Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261      43262      43263      43264      43265      43274      43275      43276  
 43277      43278

**Group 17: Small Bowel Endoscopy - Endo Base Procedure 44360**

44361      44363      44364      44365      44366      44369      44370      44372  
 44373

**Group 18: Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377      44378      44379

**Group 19: Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381      44382      44384

**Group 20: Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389      44390      44391      44392      44394      44401      44402      44403  
 44404      44405      44406      44407      44408

**Group 21: Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309	45315	45317	45320
45321	45327						

**Group 22: Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335	45337	45338	45340
45341	45342	45346	45347	45349	45350		

**Group 23: Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398		

**Group 24: Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608	46610	46611	46612
46614	46615						

**Group 25: Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556
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**Group 26: Laparoscopy - End Base Procedure 49320**

38570	38571	38572	38573	49321	49322	49323	49324
49325	58541	58550	58660	58661	58662	58670	58671
58672	58673						

**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endo Base Procedure 50551**

50555	50557	50561
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**Group 28: Renal Endoscopy via Nephrotomy/Pyelostomy - Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 29: Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961
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**Group 30: Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976
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**Group 31: Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204	52214	52224	52234
52235	52240	52250	52260	52265	52270	52275	52276
52277	52281	52282	52283	52285	52287	52290	52300
52301	52305	52310	52315	52317	52318	52320	52325

52327    52330    52332    52334    52341    52342    52343    52344  
 52400    52402    52441

**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy- Endo Base Procedure 52351**

52345    52346    52352    52353    52354    52355    52356

**Group 33: Colposcopy of Cervix - Endo Base Procedure 57452**

57454    57455    57456    57460    57461

**Group 34: Hysteroscopy - End Base Procedure 58555**

58558    58559    58560    58561    58562    58563    58565

**Group 35: Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711

**Group 36: Esophagogastroduodenoscopy - Endo Base Procedure 0652T**

0653T    0654T

**POLICY UPDATE HISTORY INFORMATION:**

8 / 2016	Implementation
1 / 2018	Code 45330 added to family base code 45350 and 38573 added to family base code 49320. Code 43235 was corrected to the appropriate base code 52000.
1 / 2020	Added endo base code 31231 and family codes 31233, 31235, 31237, 31238, 31239, 31240, 31241, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294, 31295, 31296, 31297 and 31298.
1 / 2021	Added codes 69705 and 69706 to endo base family 31231
7 / 2021	Created group 36 with codes 0653T and 0654T in it and 0652T as the endo base. Added new header with expanded regional checkboxes.
1 / 2022	Added Delaware MA applicable to the policy. Added 42975 to endo base code 31575.

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-006  
**Subject:** Multiple Endoscopy Procedures  
**Effective Date:** August 1, 2016  
**Issue Date:** July 29, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** July 2021

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy. If an endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

**EXAMPLES:**Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

Multiple endoscopic procedures in different groups*For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

*For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

Multiple endoscopies in one group reported with one endoscopy from a different group*For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

*For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

One endoscopy in one group reported with one endoscopy from a different group

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group*For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure



*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group , subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**Note:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

#### **APPLICABLE PROCEDURE CODES:**

##### **Group 01: Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821	29822	29823	29824
29825	29827	29828					

##### **Group 02: Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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##### **Group 03: Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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##### **Group 04: Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915	29916
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##### **Group 05: Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876	29877	29879	29880
29881	29882	29883	29884	29885	29886	29887	

##### **Group 06: Nasal/Sinus Surgery - Endo Base Procedure 31231**

31233	31235	31237	31238	31239	31240	31241	31253
31254	31255	31256	31257	31259	31267	31276	31287
31288	31290	31291	31292	31293	31294	31295	31296
31297	31298	69705	69706				

##### **Group 07: Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513
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##### **Group 08: Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535	31540	31560	31570
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##### **Group 09: Laryngoscopy - Endo Base Procedure 31526**

31531	31536	31541	31545	31546	31561	31571
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##### **Group 10: Laryngoscopy - Endo Base Procedure 31575**

31572	31573	31574	31576	31577	31578	31579
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**Group 11: Bronchoscopy - Endo Base Procedure 31622**

31623	31624	31625	31628	31629	31630	31631	31634
31635	31636	31638	31640	31641	31645	31647	31648
31660	31661						

**Group 12: Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192	43193	43194	43195	43196
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**Group 13: Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198
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**Group 14: Esophagoscopy - Endo Base Procedure 43200**

43201	43202	43204	43205	43206	43211	43212	43213
43214	43215	43216	43217	43220	43226	43227	43229
43231	43232						

**Group 15: UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210	43233	43236	43237	43238	43239	43240	43241
43242	43243	43244	43245	43246	43247	43248	43249
43250	43251	43252	43253	43254	43255	43257	43259
43266	43270						

**Group 16: Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261	43262	43263	43264	43265	43274	43275	43276
43277	43278						

**Group 17: Small Bowel Endoscopy - Endo Base Procedure 44360**

44361	44363	44364	44365	44366	44369	44370	44372
44373							

**Group 18: Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377	44378	44379
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**Group 19: Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381	44382	44384
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**Group 20: Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389	44390	44391	44392	44394	44401	44402	44403
44404	44405	44406	44407	44408			

**Group 21: Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309	45315	45317	45320
45321	45327						

**Group 22: Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335	45337	45338	45340
45341	45342	45346	45347	45349	45350		

**Group 23: Colonoscopy through Rectum - Endo Base Procedure 45378**

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398		

**Group 24: Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608	46610	46611	46612
46614	46615						

**Group 25: Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556
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**Group 26: Laparoscopy - End Base Procedure 49320**

38570	38571	38572	38573	49321	49322	49323	49324
49325	58541	58550	58660	58661	58662	58670	58671
58672	58673						

**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endo Base Procedure 50551**

50555	50557	50561
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**Group 28: Renal Endoscopy via Nephrotomy/Pyelostomy - Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 29: Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961
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**Group 30: Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976
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**Group 31: Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204	52214	52224	52234
52235	52240	52250	52260	52265	52270	52275	52276
52277	52281	52282	52283	52285	52287	52290	52300
52301	52305	52310	52315	52317	52318	52320	52325
52327	52330	52332	52334	52341	52342	52343	52344
52400	52402	52441					

**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy - Endo Base Procedure 52351**

52345	52346	52352	52353	52354	52355	52356
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**Group 33: Colposcopy of Cervix - Endo Base Procedure 57452**

57454	57455	57456	57460	57461
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**Group 34: Hysteroscopy - End Base Procedure 58555**

58558      58559      58560      58561      58562      58563      58565

**Group 35: Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711

**Group 36: Esophagogastroduodenoscopy - Endo Base Procedure 0652T**

0653T      0654T

**POLICY UPDATE HISTORY INFORMATION:**

8 / 2016	Implementation
1 / 2018	Code 45330 added to family base code 45350 and 38573 added to family base code 49320. Code 43235 was corrected to the appropriate base code 52000.
1 / 2020	Added endo base code 31231 and family codes 31233, 31235, 31237, 31238, 31239, 31240, 31241, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294, 31295, 31296, 31297 and 31298.
1 / 2021	Added codes 69705 and 69706 to endo base family 31231
7 / 2021	Created group 36 with codes 0653T and 0654T in it and 0652T as the endo base. Added new header with expanded regional checkboxes.

# Highmark Reimbursement Policy Bulletin



HISTORY VERSIONS

**Bulletin Number:** RP-006  
**Subject:** Multiple Endoscopy Procedures  
**Effective Date:** August 1, 2016  
**Issue Date:** July 5, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**

**Revised Date:** July 2021

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input type="checkbox"/>
PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>		
UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy.

If an endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

## EXAMPLES:

### Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

### Multiple endoscopic procedures in different groups

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

### Multiple endoscopies in one group reported with one endoscopy from a different group

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

### One endoscopy in one group reported with one endoscopy from a different group

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

### Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group

*For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group, subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**Note:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

#### **APPLICABLE PROCEDURE CODES:**

##### **Group 01: Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821	29822	29823	29824
29825	29827	29828					

##### **Group 02: Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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##### **Group 03: Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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##### **Group 04: Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915	29916
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##### **Group 05: Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876	29877	29879	29880
29881	29882	29883	29884	29885	29886	29887	

##### **Group 06: Nasal/Sinus Surgery - Endo Base Procedure 31231**

31233	31235	31237	31238	31239	31240	31241	31253
31254	31255	31256	31257	31259	31267	31276	31287
31288	31290	31291	31292	31293	31294	31295	31296
31297	31298	69705	69706				

##### **Group 07: Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513
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##### **Group 08: Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535	31540	31560	31570
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**Group 09: Laryngoscopy - Endo Base Procedure 31526**

31531	31536	31541	31545	31546	31561	31571
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**Group 10: Laryngoscopy - Endo Base Procedure 31575**

31572	31573	31574	31576	31577	31578	31579
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**Group 11: Bronchoscopy - Endo Base Procedure 31622**

31623	31624	31625	31628	31629	31630	31631	31634
31635	31636	31638	31640	31641	31645	31647	31648
31660	31661						

**Group 12: Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192	43193	43194	43195	43196
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**Group 13: Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198
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**Group 14: Esophagoscopy - Endo Base Procedure 43200**

43201	43202	43204	43205	43206	43211	43212	43213
43214	43215	43216	43217	43220	43226	43227	43229
43231	43232						

**Group 15: UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210	43233	43236	43237	43238	43239	43240	43241
43242	43243	43244	43245	43246	43247	43248	43249
43250	43251	43252	43253	43254	43255	43257	43259
43266	43270						

**Group 16: Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261	43262	43263	43264	43265	43274	43275	43276
43277	43278						

**Group 17: Small Bowel Endoscopy - Endo Base Procedure 44360**

44361	44363	44364	44365	44366	44369	44370	44372
44373							

**Group 18: Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377	44378	44379
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**Group 19: Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381	44382	44384
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**Group 20: Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389	44390	44391	44392	44394	44401	44402	44403
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44404      44405      44406      44407      44408

**Group 21: Proctosigmoidoscopy - Endo Base Procedure 45300**

45303      45305      45307      45308      45309      45315      45317      45320  
45321      45327

**Group 22: Sigmoidoscopy - Endo Base Procedure 45330**

45331      45332      45333      45334      45335      45337      45338      45340  
45341      45342      45346      45347      45349      45350

**Group 23: Colonoscopy through Rectum - Endo Base Procedure 45378**

45379      45380      45381      45382      45384      45385      45386      45388  
45389      45390      45391      45392      45393      45398

**Group 24: Anoscopy - Endo Base Procedure 46600**

46601      46604      46606      46607      46608      46610      46611      46612  
46614      46615

**Group 25: Biliary Endoscopy - Endo Base Procedure 47552**

47553      47554      47555      47556

**Group 26: Laparoscopy - End Base Procedure 49320**

38570      38571      38572      38573      49321      49322      49323      49324  
49325      58541      58550      58660      58661      58662      58670      58671  
58672      58673

**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endo Base Procedure 50551**

50555      50557      50561

**Group 28: Renal Endoscopy via Nephrotomy/Pyelostomy - Endo Base Procedure 50570**

50572      50574      50575      50576      50580

**Group 29: Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953      50955      50957      50961

**Group 30: Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974      50976

**Group 31: Cystourethroscopy - Endo Base Procedure 52000**

52001      52005      52007      52010      52204      52214      52224      52234  
52235      52240      52250      52260      52265      52270      52275      52276  
52277      52281      52282      52283      52285      52287      52290      52300  
52301      52305      52310      52315      52317      52318      52320      52325  
52327      52330      52332      52334      52341      52342      52343      52344  
52400      52402      52441

**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy - Endo Base Procedure 52351**

52345      52346      52352      52353      52354      52355      52356

**Group 33: Colposcopy of Cervix - Endo Base Procedure 57452**

57454      57455      57456      57460      57461

**Group 34: Hysteroscopy - End Base Procedure 58555**

58558      58559      58560      58561      58562      58563      58565

**Group 35: Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711

**Group 36: Esophagogastroduodenoscopy - Endo Base Procedure 0652T**

0653T      0654T

**POLICY UPDATE HISTORY INFORMATION:**

8 / 2016	Implementation
1 / 2018	Code 45330 added to family base code 45350 and 38573 added to family base code 49320. Code 43235 was corrected to the appropriate base code 52000.
1 / 2020	Added endo base code 31231 and family codes 31233, 31235, 31237, 31238, 31239, 31240, 31241, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294, 31295, 31296, 31297 and 31298.
1 / 2021	Added codes 69705 and 69706 to endo base family 31231
7 / 2021	Created group 36 with codes 0653T and 0654T in it and 0652T as the endo base.

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-006  
**Subject:** Multiple Endoscopy Procedures  
**Effective Date:** August 1, 2016  
**Issue Date:** January 1, 2020  
**Date Reviewed:** December 2019  
**Source:** Reimbursement Policy

**End Date:**

**Revised Date:** December 2019

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input type="checkbox"/>
PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>		
UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy.

If an endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

## EXAMPLES:

### Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

### Multiple endoscopic procedures in different groups

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

### Multiple endoscopies in one group reported with one endoscopy from a different group

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

### One endoscopy in one group reported with one endoscopy from a different group

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

### Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group

*For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group, subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**Note:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

#### **APPLICABLE PROCEDURE CODES:**

##### **Group 01: Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821	29822	29823	29824
29825	29827	29828					

##### **Group 02: Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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##### **Group 03: Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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##### **Group 04: Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915	29916
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##### **Group 05: Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876	29877	29879	29880
29881	29882	29883	29884	29885	29886	29887	

##### **Group 06: Nasal/Sinus Surgery - Endo Base Procedure 31231**

31233	31235	31237	31238	31239	31240	31241	31253
31254	31255	31256	31257	31259	31267	31276	31287
31288	31290	31291	31292	31293	31294	31295	31296
31297	31298						

##### **Group 07: Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513
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##### **Group 08: Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535	31540	31560	31570
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**Group 09: Laryngoscopy - Endo Base Procedure 31526**

31531	31536	31541	31545	31546	31561	31571
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**Group 10: Laryngoscopy - Endo Base Procedure 31575**

31572	31573	31574	31576	31577	31578	31579
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**Group 11: Bronchoscopy - Endo Base Procedure 31622**

31623	31624	31625	31628	31629	31630	31631	31634
31635	31636	31638	31640	31641	31645	31647	31648
31660	31661						

**Group 12: Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192	43193	43194	43195	43196
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**Group 13: Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198
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**Group 14: Esophagoscopy - Endo Base Procedure 43200**

43201	43202	43204	43205	43206	43211	43212	43213
43214	43215	43216	43217	43220	43226	43227	43229
43231	43232						

**Group 15: UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210	43233	43236	43237	43238	43239	43240	43241
43242	43243	43244	43245	43246	43247	43248	43249
43250	43251	43252	43253	43254	43255	43257	43259
43266	43270						

**Group 16: Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261	43262	43263	43264	43265	43274	43275	43276
43277	43278						

**Group 17: Small Bowel Endoscopy - Endo Base Procedure 44360**

44361	44363	44364	44365	44366	44369	44370	44372
44373							

**Group 18: Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377	44378	44379
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**Group 19: Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381	44382	44384
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**Group 20: Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389	44390	44391	44392	44394	44401	44402	44403
44404	44405	44406	44407	44408			

**Group 21: Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309	45315	45317	45320
45321	45327						

**Group 22: Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335	45337	45338	45340
45341	45342	45346	45347	45349	45350		

**Group 23: Colonoscopy through Rectum - Endo Base Procedure 45378**

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398		

**Group 24: Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608	46610	46611	46612
46614	46615						

**Group 25: Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556
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**Group 26: Laparoscopy - End Base Procedure 49320**

38570	38571	38572	38573	49321	49322	49323	49324
49325	58541	58550	58660	58661	58662	58670	58671
58672	58673						

**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endo Base Procedure 50551**

50555	50557	50561
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**Group 28: Renal Endoscopy via Nephrotomy/Pyelostomy - Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 29: Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961
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**Group 30: Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976
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**Group 31: Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204	52214	52224	52234
52235	52240	52250	52260	52265	52270	52275	52276
52277	52281	52282	52283	52285	52287	52290	52300
52301	52305	52310	52315	52317	52318	52320	52325
52327	52330	52332	52334	52341	52342	52343	52344
52400	52402	52441					

**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy - Endo Base Procedure 52351**

52345      52346      52352      52353      52354      52355      52356

**Group 33: Colposcopy of Cervix - Endo Base Procedure 57452**

57454      57455      57456      57460      57461

**Group 34: Hysteroscopy - End Base Procedure 58555**

58558      58559      58560      58561      58562      58563      58565

**Group 35: Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711

**POLICY UPDATE HISTORY INFORMATION:**

08 / 2016	Implementation
01 / 2018	Code 45330 added to family base code 45350 and 38573 added to family base code 49320. Code 43235 was corrected to the appropriate base code 52000.
01 / 2020	Added endo base code 31231 and family codes 31233, 31235, 31237, 31238, 31239, 31240, 31241, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291, 31292, 31293, 31294, 31295, 31296, 31297 and 31298.



# Highmark Reimbursement Policy Bulletin



[CLICK HERE FOR HISTORY VERSIONS](#)

**Bulletin Number:** RP-006  
**Subject:** Multiple Endoscopy Procedures  
**Effective Date:** August 1, 2016  
**Issue Date:** January 1, 2018  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	<b>PA</b> <input checked="" type="checkbox"/>	<b>WV</b> <input checked="" type="checkbox"/>	<b>DE</b> <input type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	<b>PA</b> <input checked="" type="checkbox"/>	<b>WV</b> <input checked="" type="checkbox"/>	
<b>Applicable Claim Type</b>	<b>UB</b> <input type="checkbox"/>	<b>1500</b> <input checked="" type="checkbox"/>	

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy.

If an endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

## **Examples**

### **Multiple endoscopies in the same group**

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

### **Multiple endoscopic procedures in different groups**

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

### **Multiple endoscopies in one group reported with one endoscopy from a different group**

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

### **One endoscopy in one group reported with one endoscopy from a different group**

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

### **Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group**

#### *For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group, subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**Note:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

## APPLICABLE PROCEDURE CODES:

### Group 01 - Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805

29806	29807	29819	29820	29821
29822	29823	29824	29825	29827
29828				

### Group 02 - Elbow Arthroscopy/Surgery - Endo Base Procedure 29830

29834	29835	29836	29837	29838
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### Group 03 - Wrist Arthroscopy/Surgery - Endo Base Procedure 29840

29843	29844	29845	29846	29847
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### Group 04 - Hip Arthroscopy - Endo Base Procedure 29860

29861	29862	29863	29914	29915
29916				

### Group 05 - Knee Arthroscopy - Endo Base Procedure 29870

29871	29873	29874	29875	29876
29877	29879	29880	29881	29882
29883	29884	29885	29886	29887

### Group 06 - Laryngoscopy - Endo Base Procedure 31505

31510	31511	31512	31513	
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### Group 07 - Laryngoscopy - Endo Base Procedure 31525

31527	31528	31529	31530	31535
31540	31560	31570		

### Group 08 - Laryngoscopy - Endo Base Procedure 31526

31531	31536	31541	31545	31546
31561	31571			

### Group 09 - Laryngoscopy - Endo Base Procedure 31575

31572	31573	31574	31576	31577
31578	31579			

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

**Group 10 - Bronchoscopy - Endo Base Procedure 31622**

31623	31624	31625	31628	31629
31630	31631	31634	31635	31636
31638	31640	31641	31645	31647
31648	31660	31661		

**Group 11 – Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192	43193	43194	43195	43196
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**Group 12 – Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198				
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**Group 13 - Esophagoscopy - Endo Base Procedure 43200**

43201	43202	43204	43205	43206
43211	43212	43213	43214	43215
43216	43217	43220	43226	43227
43229	43231	43232		

**Group 14 - UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210	43233	43236	43237	43238
43239	43240	43241	43242	43243
43244	43245	43246	43247	43248
43249	43250	43251	43252	43253
43254	43255	43257	43259	43266
43270				

**Group 15 - Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261	43262	43263	43264	43265
43274	43275	43276	43277	43278

**Group 16 - Small Bowel Endoscopy - Endo Base Procedure 44360**

44361	44363	44364	44365	44366
44369	44370	44372	44373	

**Group 17 - Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377	44378	44379		
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**Group 18 - Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381	44382	44384		
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**Group 19 - Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389	44390	44391	44392	44394
44401	44402	44403	44404	44405
44406	44407	44408		

**Group 20 - Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309
45315	45317	45320	45321	45327

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

**Group 21- Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335
45337	45338	45340	45341	45342
45346	45347	45349	45350	

**Group 22 – Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384
45385	45386	45388	45389	45390
45391	45392	45393	45398	

**Group 23 - Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608
46610	46611	46612	46614	46615

**Group 24 - Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556	
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**Group 25- Laparoscopy - End Base Procedure 49320**

38570	38571	38572	38573	49321
49322	49323	49324	49325	58541
58550	58660	58661	58662	58670
58671	58672	58673		

**Group 26 - Renal Endoscopy via Nephrostomy or Pyelostomy- Endo Base Procedure 50551**

50555	50557	50561		
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**Group 27 - Renal Endoscopy via Nephrotomy or Pyelostomy- Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 28 - Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961	
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**Group 29 - Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976			
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**Group 30 - Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204
52214	52224	52234	52235	52240
52250	52260	52265	52270	52275
52276	52277	52281	52282	52283
52285	52287	52290	52300	52301
52305	52310	52315	52317	52318
52320	52325	52327	52330	52332
52334	52341	52342	52343	52344

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

52400	52402	52441		
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**Group 31 - Cystourethroscopy w/Ureteroscopy and/or Pyeloscopy- Endo Base Procedure 52351**

52345	52346	52352	52353	52354
52355	52356			

**Group 32 - Colposcopy of Cervix - Endo Base Procedure 57452**

57454	57455	57456	57460	57461
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**Group 33 - Hysteroscopy - End Base Procedure 58555**

58558	58559	58560	58561	58562
58563	58565			

**Group 34 - Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711				
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HISTORY

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

# Highmark Reimbursement Policy Bulletin



[VIEW HISTORY](#)

**Bulletin Number:** RP-006  
**Subject:** Multiple Endoscopy Procedures  
**Effective Date:** August 1, 2016  
**Issue Date:** April 24, 2017  
**Source:** Procedure Review & Fee Schedule Administration

**End Date:**

**Applicable Commercial Market**

PA ☒

WV ☒

DE ☐

**Applicable Medicare Advantage Market**

PA ☒

WV ☒

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy.

If an endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

## Examples

### Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

### **Multiple endoscopic procedures in different groups**

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

### **Multiple endoscopies in one group reported with one endoscopy from a different group**

#### *For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

#### *For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

### **One endoscopy in one group reported with one endoscopy from a different group**

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

### **Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group**

#### *For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

#### *For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group, subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**EXCLUSION:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

### **RELATED MEDICAL POLICIES:**



## APPENDIX A – IMPACTED PROCEDURE CODES

### Group 01 - Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805

29806	29807	29819	29820	29821
29822	29823	29824	29825	29827
29828				

### Group 02 - Elbow Arthroscopy/Surgery - Endo Base Procedure 29830

29834	29835	29836	29837	29838
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### Group 03 - Wrist Arthroscopy/Surgery - Endo Base Procedure 29840

29843	29844	29845	29846	29847
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### Group 04 - Hip Arthroscopy - Endo Base Procedure 29860

29861	29862	29863	29914	29915
29916				

### Group 05 - Knee Arthroscopy - Endo Base Procedure 29870

29871	29873	29874	29875	29876
29877	29879	29880	29881	29882
29883	29884	29885	29886	29887

### Group 06 - Laryngoscopy - Endo Base Procedure 31505

31510	31511	31512	31513	
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### Group 07 - Laryngoscopy - Endo Base Procedure 31525

31527	31528	31529	31530	31535
31540	31560	31570		

### Group 08 - Laryngoscopy - Endo Base Procedure 31526

31531	31536	31541	31545	31546
31561	31571			

### Group 09 - Laryngoscopy - Endo Base Procedure 31575

31572	31573	31574	31576	31577
31578	31579			

### Group 10 - Bronchoscopy - Endo Base Procedure 31622

31623	31624	31625	31628	31629
31630	31631	31634	31635	31636
31638	31640	31641	31645	31647
31648	31660	31661		

### Group 11 – Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191

43192	43193	43194	43195	43196
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### Group 12 – Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

43198				
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**Group 13 - Esophagoscopy - Endo Base Procedure 43200**

43201	43202	43204	43205	43206
43211	43212	43213	43214	43215
43216	43217	43220	43226	43227
43229	43231	43232		

**Group 14 - UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210	43233	43236	43237	43238
43239	43240	43241	43242	43243
43244	43245	43246	43247	43248
43249	43250	43251	43252	43253
43254	43255	43257	43259	43266
43270	52441			

**Group 15 - Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261	43262	43263	43264	43265
43274	43275	43276	43277	43278

**Group 16 - Small Bowel Endoscopy - Endo Base Procedure 44360**

44361	44363	44364	44365	44366
44369	44370	44372	44373	

**Group 17 - Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377	44378	44379		
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**Group 18 - Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381	44382	44384		
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**Group 19 - Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389	44390	44391	44392	44394
44401	44402	44403	44404	44405
44406	44407	44408		

**Group 20 - Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309
45315	45317	45320	45321	45327

**Group 21- Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335
45337	45338	45340	45341	45342
45346	45347	45349	45350	

**Group 22 – Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384
45385	45386	45388	45389	45390
45391	45392	45393	45398	

**Group 23 - Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608
46610	46611	46612	46614	46615

**Group 24 - Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556	
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**Group 25- Laparoscopy - End Base Procedure 49320**

38570	38571	38572	49321	49322
49323	49324	49325	58541	58550
58660	58661	58662	58670	58671
58672	58673			

**Group 26 - Renal Endoscopy via Nephrostomy or Pyelostomy- Endo Base Procedure 50551**

50555	50557	50561		
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**Group 27 - Renal Endoscopy via Nephrotomy or Pyelostomy- Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 28 - Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961	
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**Group 29 - Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976			
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**Group 30 - Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204
52214	52224	52234	52235	52240
52250	52260	52265	52270	52275
52276	52277	52281	52282	52283
52285	52287	52290	52300	52301
52305	52310	52315	52317	52318
52320	52325	52327	52330	52332
52334	52341	52342	52343	52344
52400	52402			

**Group 31 - Cystourethroscopy w/Ureteroscopy and/or Pyeloscopy- Endo Base Procedure 52351**

52345	52346	52352	52353	52354
52355	52356			

**Group 32 - Colposcopy of Cervix - Endo Base Procedure 57452**

57454	57455	57456	57460	57461
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**Group 33 - Hysteroscopy - End Base Procedure 58555**

58558	58559	58560	58561	58562
58563	58565			

**Group 34 - Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711				
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*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-006  
**Subject:** Multiple Endoscopy Procedures  
**Effective Date:** August 1, 2016  
**Issue Date:** December 19, 2016  
**Source:** Procedure Review & Fee Schedule Administration

**End Date:**

**Applicable Commercial Market**

PA ☒

WV ☒

DE ☐

**Applicable Medicare Advantage Market**

PA ☒

WV ☒

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

Apply multiple endoscopy pricing rules to a group before ranking that group with other procedures performed on the same day (such as, when multiple endoscopies in the same group reported are reported on the same day as endoscopies from another group, or on the same day as a non-endoscopic procedure).

If an endoscopic procedure is reported with only its base procedure code, do not pay separately for the base code. Payment for the base code is included in the payment for the other endoscopy.

If an endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

### Examples

#### Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

#### Multiple endoscopic procedures in different groups

*For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

*For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

#### **Multiple endoscopies in one group reported with one endoscopy from a different group**

*For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

*For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

#### **One endoscopy in one group reported with one endoscopy from a different group**

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

#### **Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group**

*For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group, subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**EXCLUSION:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

**RELATED MEDICAL POLICIES:**

**FEP Guidelines:**

This reimbursement policy may not apply to FEP. Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Reimbursement is determined by the Federal Employee Program.

**APPENDIX A – IMPACTED PROCEDURE CODES****Group 01 - Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821
29822	29823	29824	29825	29827
29828				

**Group 02 - Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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**Group 03 - Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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**Group 04 - Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915
29916				

**Group 05 - Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876
29877	29879	29880	29881	29882
29883	29884	29885	29886	29887

**Group 06 - Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513	
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**Group 07 - Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535
31540	31560	31570		

**Group 08 - Laryngoscopy - Endo Base Procedure 31526**

31531	31536	31541	31545	31546
31561	31571			

**Group 09 - Laryngoscopy - Endo Base Procedure 31575**

31572	31573	31574	31576	31577
31578	31579			

**Group 10 - Bronchoscopy - Endo Base Procedure 31622**

31623	31624	31625	31628	31629
31630	31631	31634	31635	31636
31638	31640	31641	31645	31647
31648	31660	31661		

**Group 11 – Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192	43193	43194	43195	43196
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*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

**Group 12 – Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198				
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**Group 13 - Esophagoscopy - Endo Base Procedure 43200**

43201	43202	43204	43205	43206
43211	43212	43213	43214	43215
43216	43217	43220	43226	43227
43229	43231	43232		

**Group 14 - UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210	43233	43236	43237	43238
43239	43240	43241	43242	43243
43244	43245	43246	43247	43248
43249	43250	43251	43252	43253
43254	43255	43257	43259	43266
43270	52441			

**Group 15 - Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261	43262	43263	43264	43265
43274	43275	43276	43277	43278

**Group 16 - Small Bowel Endoscopy - Endo Base Procedure 44360**

44361	44363	44364	44365	44366
44369	44370	44372	44373	

**Group 17 - Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377	44378	44379		
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**Group 18 - Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381	44382	44384		
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**Group 19 - Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389	44390	44391	44392	44394
44401	44402	44403	44404	44405
44406	44407	44408		

**Group 20 - Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309
45315	45317	45320	45321	45327

**Group 21- Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335
45337	45338	45340	45341	45342
45346	45347	45349	45350	

**Group 22 – Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384
45385	45386	45388	45389	45390
45391	45392	45393	45398	

**Group 23 - Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608
46610	46611	46612	46614	46615

**Group 24 - Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556	
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**Group 25- Laparoscopy - End Base Procedure 49320**

38570	38571	38572	49321	49322
49323	49324	49325	58541	58550
58660	58661	58662	58670	58671
58672	58673			

**Group 26 - Renal Endoscopy via Nephrostomy or Pyelostomy- Endo Base Procedure 50551**

50555	50557	50561		
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**Group 27 - Renal Endoscopy via Nephrotomy or Pyelostomy- Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 28 - Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961	
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**Group 29 - Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976			
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**Group 30 - Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204
52214	52224	52234	52235	52240
52250	52260	52265	52270	52275
52276	52277	52281	52282	52283
52285	52287	52290	52300	52301
52305	52310	52315	52317	52318
52320	52325	52327	52330	52332
52334	52341	52342	52343	52344
52400	52402			

**Group 31 - Cystourethroscopy w/Ureteroscopy and/or Pyeloscopy- Endo Base Procedure 52351**

52345	52346	52352	52353	52354
52355	52356			

**Group 32 - Colposcopy of Cervix - Endo Base Procedure 57452**

57454	57455	57456	57460	57461
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**Group 33 - Hysteroscopy - End Base Procedure 58555**

58558	58559	58560	58561	58562
58563	58565			

**Group 34 - Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711				
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# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-006  
**Subject:** Multiple Endoscopy Procedures  
**Effective Date:** August 1, 2016  
**Issue Date:** September 1, 2016  
**Source:** Procedure Review & Fee Schedule Administration

[VIEW HISTORY](#)

**Applicable Commercial Market**

PA ☒

WV ☒

DE ☐

**Applicable Medicare Advantage Market**

PA ☒

WV ☒

## PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) applies special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. Highmark Commercial and Medicare Advantage plans apply this same payment methodology for the same endoscopic procedures.

## REIMBURSEMENT GUIDELINES:

The impacted procedure codes are listed in Appendix A, and may also be identified by viewing the payment policy indicators on the Medicare Physician Fee Schedule (MPFS) via the CMS website. A value of '3' in the Multiple Procedure field indicates special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the endoscopic base code field of the MPFS.

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If an endoscopic procedure is billed with a 51 modifier with other procedures that are not endoscopies (i.e., surgical procedures), the standard multiple surgery guidelines apply.

## Examples

### Multiple endoscopies in the same group

- Determine the highest paying procedure and allow payment at 100%
- For the other endoscopies, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference

### Multiple endoscopic procedures in different groups

*For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

*For the other groups*

- Follow the same method of determining the allowance for each procedure reported within a group
- Finally, compare the total allowance for each group. Pay the highest paying group at 100% and the remaining groups at 50%

**Multiple endoscopies in one group reported with one endoscopy from a different group**

*For the first group*

- Determine the allowance for the highest paying procedure and pay at 100%
- Determine the allowance for the other related endoscopic procedures by subtracting the allowance for the group's base code from the allowance for the related endoscopy and pay the difference

*For the endoscopy in a different group*

- Consider that code to be a separate group and obtain the allowance for this code
- Finally, compare the total allowance for each group. Pay the group with the highest allowance at 100% and the remaining group at 50%

**One endoscopy in one group reported with one endoscopy from a different group**

- Pay the highest paying procedure at 100% of the allowance
- Pay the other endoscopy at 50% of its allowance

**Multiple endoscopies in one group and one is that group's base code reported with multiple endoscopies in a different group**

*For the group that includes the base code*

- Determine the allowance for the highest paying procedure and pay at 100%
- Deny the base code because the allowance for the base code is included in the allowance for the highest paying procedure

*For the endoscopies in the other group(s)*

- Determine the highest paying procedure and pay at 50%
- For the remaining endoscopies in that group, subtract the allowance for the base code from the allowance for each endoscopy, and pay 50% of the difference

**EXCLUSION:** Due to Delaware State mandates, this policy does not apply to the Delaware market.

**RELATED MEDICAL POLICIES:**

**FEP Guidelines:**

This reimbursement policy may not apply to FEP. Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Reimbursement is determined by the Federal Employee Program.

**APPENDIX A – IMPACTED PROCEDURE CODES****Group 01 - Shoulder Arthroscopy/Surgery - Endo Base Procedure 29805**

29806	29807	29819	29820	29821
29822	29823	29824	29825	29827
29828				

**Group 02 - Elbow Arthroscopy/Surgery - Endo Base Procedure 29830**

29834	29835	29836	29837	29838
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**Group 03 - Wrist Arthroscopy/Surgery - Endo Base Procedure 29840**

29843	29844	29845	29846	29847
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**Group 04 - Hip Arthroscopy - Endo Base Procedure 29860**

29861	29862	29863	29914	29915
29916				

**Group 05 - Knee Arthroscopy - Endo Base Procedure 29870**

29871	29873	29874	29875	29876
29877	29879	29880	29881	29882
29883	29884	29885	29886	29887

**Group 06 - Laryngoscopy - Endo Base Procedure 31505**

31510	31511	31512	31513	
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**Group 07 - Laryngoscopy - Endo Base Procedure 31525**

31527	31528	31529	31530	31535
31540	31560	31570		

**Group 08 - Laryngoscopy - Endo Base Procedure 31526**

31531	31536	31541	31545	31546
31561	31571			

**Group 09 - Laryngoscopy - Endo Base Procedure 31575**

31576	31577	31578	31579	
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**Group 10 - Bronchoscopy - Endo Base Procedure 31622**

31623	31624	31625	31628	31629
31630	31631	31634	31635	31636
31638	31640	31641	31645	31647
31648	31660	31661		

**Group 11 – Esophagoscopy, Rigid Transoral - Endo Base Procedure 43191**

43192	43193	43194	43195	43196
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*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

**Group 12 – Esophagoscopy, Flexible Transnasal - Endo Base Procedure 43197**

43198				
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**Group 13 - Esophagoscopy - Endo Base Procedure 43200**

43201	43202	43204	43205	43206
43211	43212	43213	43214	43215
43216	43217	43220	43226	43227
43229	43231	43232		

**Group 14 - UGI Endoscopy Including Esophagus - Endo Base Procedure 43235**

43210	43233	43236	43237	43238
43239	43240	43241	43242	43243
43244	43245	43246	43247	43248
43249	43250	43251	43252	43253
43254	43255	43257	43259	43266
43270	52441			

**Group 15 - Endoscopic Cholangiopancreatography - Endo Base Procedure 43260**

43261	43262	43263	43264	43265
43274	43275	43276	43277	43278

**Group 16 - Small Bowel Endoscopy - Endo Base Procedure 44360**

44361	44363	44364	44365	44366
44369	44370	44372	44373	

**Group 17 - Small Bowel Endoscopy and Ileum - Endo Base Procedure 44376**

44377	44378	44379		
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**Group 18 - Small Bowel Endoscopy through Stoma – Endo Base Procedure 44380**

44381	44382	44384		
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**Group 19 - Colonoscopy Through Stoma - Endo Base Procedure 44388**

44389	44390	44391	44392	44394
44401	44402	44403	44404	44405
44406	44407	44408		

**Group 20 - Proctosigmoidoscopy - Endo Base Procedure 45300**

45303	45305	45307	45308	45309
45315	45317	45320	45321	45327

**Group 21- Sigmoidoscopy - Endo Base Procedure 45330**

45331	45332	45333	45334	45335
45337	45338	45340	45341	45342
45346	45347	45349	45350	

**Group 22 – Colonoscopy through Rectum – Endo Base Procedure 45378**

45379	45380	45381	45382	45384
45385	45386	45388	45389	45390
45391	45392	45393	45398	

**Group 23 - Anoscopy - Endo Base Procedure 46600**

46601	46604	46606	46607	46608
46610	46611	46612	46614	46615

**Group 24 - Biliary Endoscopy - Endo Base Procedure 47552**

47553	47554	47555	47556	
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**Group 25- Laparoscopy - End Base Procedure 49320**

38570	38571	38572	49321	49322
49323	49324	49325	58541	58550
58660	58661	58662	58670	58671
58672	58673			

**Group 26 - Renal Endoscopy via Nephrostomy or Pyelostomy- Endo Base Procedure 50551**

50555	50557	50561		
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**Group 27 - Renal Endoscopy via Nephrotomy or Pyelostomy- Endo Base Procedure 50570**

50572	50574	50575	50576	50580
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**Group 28 - Ureteral Endoscopy via Ureterostomy - Endo Base Procedure 50951**

50953	50955	50957	50961	
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**Group 29 - Ureteral Endoscopy via Ureterotomy - Endo Base Procedure 50970**

50974	50976			
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**Group 30 - Cystourethroscopy - Endo Base Procedure 52000**

52001	52005	52007	52010	52204
52214	52224	52234	52235	52240
52250	52260	52265	52270	52275
52276	52277	52281	52282	52283
52285	52287	52290	52300	52301
52305	52310	52315	52317	52318
52320	52325	52327	52330	52332
52334	52341	52342	52343	52344
52400	52402			

**Group 31 - Cystourethroscopy w/Ureteroscopy and/or Pyeloscopy- Endo Base Procedure 52351**

52345	52346	52352	52353	52354
52355	52356			

**Group 32 - Colposcopy of Cervix - Endo Base Procedure 57452**

57454	57455	57456	57460	57461
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**Group 33 - Hysteroscopy - End Base Procedure 58555**

58558	58559	58560	58561	58562
58563	58565			

**Group 34 - Endoscopic Ciliary Ablation - Endo Base Procedure 66710**

66711				
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