

Title: **Multiple Endoscopy Procedures**

Policy Number: RP-006

Version Number: 2026.07.27

Medicare Advantage: PA, WV, DE, NY

Commercial: PA, WV, NY

Claim Type: CMS 1500

Version Effective: July 27, 2026

Originally Effective: August 1, 2016

History Versions: [Click Here → History](#)

Disclosure: The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.

Description:

This policy directs the Plan's reimbursement for multiple endoscopic procedures performed for the same patient on the same day during the same session. This direction follows the same methodology applied by The Centers for Medicare and Medicaid Services (CMS) for these services.

Reimbursement Guidelines:

Multiple endoscopy pricing rules will be applied to each base endoscopy family before ranking procedures performed on the same day, such as non-endoscopic procedures. When an endoscopic procedure is reported with only its base procedure code, no separate payment will be made for the base code. Payment for the base code is included in the payment for the other endoscopy. Additionally, when an endoscopic procedure is billed with procedures that are not endoscopies (i.e., surgical procedures), the multiple surgery guidelines will apply, including bilateral procedure reductions.

The impacted procedure codes are 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.

Multiple endoscopy pricing rules apply to a group before ranking that group with other procedures performed on the same day. For example, when multiple endoscopies in the same group 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, the base code will not pay separately. Reimbursement 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.

Reimbursement examples:

1. Multiple endoscopies in the same group
 - Determine the highest paying procedure and allow payment at 100%
 - For the remaining, subtract the allowance for the group's base code from the allowance for the related endoscopy and allow the difference
2. 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%
3. 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%

4. 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
5. 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.

Endoscopy Family Groupings

Group 1: Shoulder Arthroscopy/Surgery - Endoscopic Base Procedure 29805

29806 29807 29819 29820 29821 29822 29823 29824 29825 29827 29828

Group 2: Elbow Arthroscopy/Surgery - Endoscopic Base Procedure 29830

29834 29835 29836 29837 29838

Group 3: Wrist Arthroscopy/Surgery - Endoscopic Base Procedure 29840

29843 29844 29845 29846 29847

Group 4: Hip Arthroscopy/Surgery - Endoscopic Base Procedure 29860

29861 29862 29863 29914 29915 29916

Group 5: Knee Arthroscopy/Surgery - Endoscopic Base Procedure 29870

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

Group 6: Nasal/ Sinus Surgery - Endoscopic 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 7: Laryngoscopy - Endoscopic Base Procedure 31505

31510 31511 31512 31513

Group 8: Laryngoscopy - Endoscopic Base Procedure 31525

31527 31528 31529 31530 31535 31540 31560 31570

Group 9: Laryngoscopy - Endoscopic Base Procedure 31526

31531 31536 31541 31545 31546 31561 31571

Group 10: Laryngoscopy - Endoscopic Base Procedure 31575

31572 31573 31574 31576 31577 31578 31579 42975

Group 11: Bronchoscopy - Endoscopic Base Procedure 31622

31623 31624 31625 31628 31629 31630 31631 31634 31635 31636 31638 31640 31641
31645 31647 31648 31660 31661 0781T 0782T 1040T

Group 12: Esophagoscopy, Rigid Transoral - Endoscopic Base Procedure 43191

43192 43193 43194 43195 43196

Group 13: Esophagoscopy, Flexible Transnasal - Endoscopic Base Procedure 43197

43198

Group 14: Esophagoscopy - Endoscopic Base Procedure 43200

43201 43202 43204 43205 43206 43211 43212 43213 43214 43215 43216 43217 43220
43226 43227 43229 43231 43232 0884T

Group 15: UGI Endoscopy Including Esophagus - Endoscopic 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 43889 0813T

Group 16: Endoscopic Cholangiopancreatography - Endoscopic Base Procedure 43260

43261 43262 43263 43264 43265 43274 43275 43276 43277 43278

Group 17: Small Bowel Endoscopy - Endoscopic Base Procedure 44360

44361 44363 44364 44365 44366 44369 44370 44372 44373

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

44377 44378 44379

Group 19: Small Bowel Endoscopy through Stoma - Endoscopic Base Procedure 44380

44381 44382 44384

Group 20: Colonoscopy Through Stoma - Endoscopic Base Procedure 44388

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

Group 21: Proctosigmoidoscopy - Endoscopic Base Procedure 45300

45303 45305 45307 45308 45309 45315 45317 45320 45321 45327

Group 22: Sigmoidoscopy - Endoscopic Base Procedure 4533045331 45332 45333 45334 45335 45337 45338 45340 45341 45342 45346 45347 45349
45350 0886T**Group 23: Colonoscopy through Rectum – Endoscopic Base Procedure 45378**45379 45380 45381 45382 45384 45385 45386 45388 45389 45390 45391 45392 45393
45398 0885T**Group 24: Anoscopy – Endoscopic Base Procedure 46000**

46601 46604 46606 46607 46608 46610 46611 46612 46614 46615

Group 25: Biliary Endoscopy - Endoscopic Base Procedure 47552

47553 47554 47555 47556

Group 26: Laparoscopy - Endoscopic Base Procedure 4932038570 38571 38572 38573 49321 49322 49323 49324 49325 58541 58550 58660 58661
58662 58670 58671 58672 58673**Group 27: Renal Endoscopy via Nephrostomy/Pyelostomy - Endoscopic Base Procedure 50551**

50555 50557 50561

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

50572 50574 50575 50576 50580

Group 29: Ureteral Endoscopy via Ureterostomy - Endoscopic Base Procedure 50951

50953 50955 50957 50961

Group 30: Ureteral Endoscopy via Ureterotomy - Endoscopic Base Procedure 50970

50974 50976

Group 31: Cystourethroscopy - Endoscopic Base Procedure 5200052001 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 52443 53865 0935T 0941T 0942T 0943T**Group 32: Cystourethroscopy w/Ureteroscopy/Pyeloscopy - Endoscopic Base Procedure 52351**

52345 52346 52352 52353 52354 52355 52356 0991T

Group 33: Colposcopy of Cervix - Endoscopic Base Procedure 57452

57454 57455 57456 57460 57461

Group 34: Hysteroscopy - Endoscopic Base Procedure 58555

58558 58559 58560 58561 58562 58563 58565

Group 35: Endoscopic Ciliary Ablation - Endoscopic Base Procedure 66710

66711

Group 36: Esophagogastroduodenoscopy - Endoscopic Base Procedure 0652T

0653T 0654T

Coding: N/A**Definitions:**

Modifier	Definition
25	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day
50	Bilateral procedure
51	Multiple procedures
59	Distinct procedural service.

References:

- American Medical Association, Current Procedural Terminology (CPT®), Professional Edition
- Centers for Medicare and Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 12, Section 40.6

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-014: Bilateral and Multiple Surgical Procedures
- RP-035: Correct Coding Guidelines
- RP-042: Global Surgery and Subsequent Services

Policy Update History:

7 / 2024	Added 0884T to endo base 43200, 0885T to endo base 45378, and 0886T to endo base 45330
1 / 2025	Added 53865, 0935T, 0941T, 0942T, 0943T to endo base 52000
1 / 2026	Added 52443 to endo base 52000, 0991T to endo base 52351, 43889 to endo base 43235
7 / 2026	Added 1040T to endo base 31622

Highmark Reimbursement Policy Bulletin



HISTORY VERSIONS

Bulletin Number: RP-006
Subject: Multiple Endoscopy Procedures
Effective Date: August 1, 2016
Issue Date: January 1, 2026
Date Reviewed: December 2025
Source: Reimbursement Policy

End Date:

Revised Date: January 2026

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA	☒	WV	☒	DE	☐	NY	☒
PA	☒	WV	☒	DE	☒	NY	☒
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.

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. The Plan's Commercial and Medicare Advantage products 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.

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
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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

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	0884T					

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	43889	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 - 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	0886T	

Group 23: Colonoscopy through Rectum – Endo Base Procedure 45378

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398	0885T	

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	52443	53865	0935T	0941T
0942T	0943T						

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

52345	52346	52352	52353	52354	52355	52356	0991T
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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 / 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
4 / 2024	Added New York Commercial applicable to the policy
5 / 2024	Added New York Medicare Advantage applicable to the policy
7 / 2024	Added 0884T to endo base 43200, 0885T to endo base 45378, and 0886T to endo base 45330
1 / 2025	Added 53865, 0935T, 0941T, 0942T, 0943T to endo base 52000
1 / 2026	Added 52443 to endo base 52000, 0991T to endo base 52351, 43889 to endo base 43235

IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the member's contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations.

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, 2025

Revised Date: January 2025

Date Reviewed: December 2024

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.

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

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	0884T					

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 - 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	0886T	

Group 23: Colonoscopy through Rectum – Endo Base Procedure 45378

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398	0885T	

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	53865	0935T	0941T	0942T
0943T							

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

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
4 / 2024	Added New York Commercial applicable to the policy
5 / 2024	Added New York Medicare Advantage applicable to the policy
7 / 2024	Added 0884T to endo base 43200, 0885T to endo base 45378, and 0886T to endo base 45330
1 / 2025	Added 53865, 0935T, 0941T, 0942T, 0943T to endo base 52000

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-006

Subject: Multiple Endoscopy Procedures

Effective Date: August 1, 2016

End Date:

Issue Date: July 1, 2024

Revised Date: July 2024

Date Reviewed: June 2024

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.

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

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	0884T					

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 - 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	0886T	

Group 23: Colonoscopy through Rectum – Endo Base Procedure 45378

45379	45380	45381	45382	45384	45385	45386	45388
45389	45390	45391	45392	45393	45398	0885T	

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	
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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 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
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