

2026 Lower GI Procedures Reimbursement Sheet

2026 National Medicare Reimbursement

CPT®/ HCPCS Codes	CPT®/ HCPCS Description	Work RVUs	Physician Allowed Amount for Hospital/ASC	Physician Allowed Amount for Office	Hospital Outpatient Allowed Amount	ASC Allowed Amount
Colonoscopy Procedures						
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	3.18	\$165	\$378	\$950	\$510
45378-53*	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	1.59	\$83	\$189	N/A	N/A
45379	Colonoscopy, flexible; with removal of foreign body(s)	4.17	\$210	\$479	\$1,223	\$657
45380	Colonoscopy, flexible; with biopsy, single or multiple	3.47	\$178	\$480	\$1,223	\$657
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	3.47	\$178	\$490	\$1,223	\$657
45382	Colonoscopy, flexible; with control of bleeding, any method	4.54	\$227	\$730	\$1,223	\$657
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	3.97	\$203	\$539	\$1,223	\$657
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	4.46	\$223	\$500	\$1,223	\$657
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	3.68	\$187	\$671	\$1,223	\$657
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	4.76	\$238	\$2,661	\$1,223	\$657
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	5.11	\$253	N/A	\$6,202	\$4,463
45390	Colonoscopy, flexible; with endoscopic mucosal resection	5.89	\$290	N/A	\$2,836	\$1,433
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	4.52	\$226	N/A	\$1,223	\$657

N/A signifies Medicare has not published a rate for this procedure when performed in this setting.

*-53 modifier indicates discontinued procedure

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2026 National Medicare Reimbursement (Continued)						
CPT®/ HCPCS Codes	CPT®/ HCPCS Description	Work RVUs	Physician Allowed Amount for Hospital/ASC	Physician Allowed Amount for Office	Hospital Outpatient Allowed Amount	ASC Allowed Amount
Colonoscopy Procedures (Continued)						
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	5.36	\$266	N/A	\$1,223	\$657
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	4.56	\$218	N/A	\$1,223	\$657
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	4.10	\$209	\$903	\$1,223	\$657
45399	Unlisted procedure, colon	Not Est.	C	C	\$950	N/A
Flexible Sigmoidoscopy Procedures						
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	0.82	\$54	\$215	\$950	\$185
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	1.11	\$67	\$323	\$950	\$510
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	1.72	\$96	\$313	\$1,223	\$657
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	1.51	\$87	\$368	\$950	\$510
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	1.95	\$106	\$544	\$1,223	\$657
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	1.01	\$62	\$328	\$950	\$510
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	2.05	\$100	N/A	\$950	\$510
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	2.00	\$109	\$335	\$1,223	\$657
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	1.22	\$72	\$508	\$1,223	\$657

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C- Medicare Administrative Contractors will establish payment amounts for these services.

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2026 National Medicare Reimbursement (Continued)						
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Flexible Sigmoidoscopy Procedures (Continued)						
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	2.07	\$112	N/A	\$950	\$510
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	2.91	\$152	N/A	\$1,223	\$657
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	2.74	\$143	\$2,494	\$1,223	\$657
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	2.65	\$137	N/A	\$6,202	\$4,411
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	3.43	\$175	N/A	\$2,836	\$1,433
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	1.64	\$92	\$744	\$1,223	\$657
Colorectal Cancer Screening Procedures						
G0104	Colorectal cancer screening; flexible sigmoidoscopy	0.82	\$53	\$215	\$950	\$185
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	3.18	\$165	\$378	\$950	\$510
G0105-53***	Colorectal cancer screening; colonoscopy on individual at high risk	1.59	\$82	\$189	N/A	N/A
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	3.18	\$165	\$378	\$950	\$510
G0121-53*	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	1.59	\$83	\$189	N/A	N/A

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Hospital Outpatient and ASC payment amounts effective through 12/31/2026.

Physician payment amounts based on \$33.40 conversion factor effective through 12/31/2026 for non-APM participants.

Represents National Average Medicare Rates (Without Geographic Adjustment) Updated November 2025.

SOURCES:

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Physician Fee Schedule: CMS-1832-F, addendum B published 2025-11-05.

Hospital Outpatient Fee Schedule: CMS-1834-FC, addendum B published 2025-11-25.

ASC Fee Schedule: CMS-1834-FC, addendum AA published 2025-11-25.

Last Revision December 2025

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