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

Continued on Next Page

2026 Lower GI Procedures

Reimbursement Sheet

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

N/A signifies Medicare has not published a rate for this procedure when performed in this setting.
C- Medicare Administrative Contractors will establish payment amounts for these services.

Continued on Next Page

2026 Lower GI Procedures

Reimbursement Sheet

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**
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

N/A signifies Medicare has not published a rate for this procedure when performed in this setting.
C- Medicare Administrative Contractors will establish payment amounts for these services.
*-53 modifier indicates discontinued procedure

Continued on Next Page

2026 Lower GI Procedures

Reimbursement Sheet

Olympus Reimbursement Helpline
email: olympusreimbursement@priahealthcare.com
Phone: 866-794-4331 | Mon. - Fri. 8:00 AM - 5:00 PM

Olympus is partnered with a third-party administrator.

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:
CPT only copyright 2025 American Medical Association. All rights reserved.
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

OLYMPUS AMERICA INC.
3500 Corporate Parkway, PO BOX 610, Center Valley, PA 18034
www.medical.olympusamerica.com

For more information, contact your Olympus sales representative, or call 800-548-5515.

Printed in USA OAIGI0126BRO59502