

Coding Policy

Multiple Endoscopy Procedure Reductions

CODING POLICY NUMBER: 6.1

Effective Date: 6/1/2026	POLICY STATEMENT.....	1
Last Review Date: 5/2026	PROCEDURE	2
Next Annual Review: 2027	CROSS REFERENCES.....	3
	REFERENCES.....	3
	POLICY REVISION HISTORY.....	3

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers Non-Participating Practitioners
 Commercial Medicaid/Oregon Health Plan Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. Company follows guidelines published by Centers for Medicare and Medicaid Services (CMS) for payment of multiple endoscopic procedures performed on the same day during the same operative session. Multiple endoscopy payments are determined by classifying endoscopy procedures according to family. Each family has a base code (the

simplest endoscopy service within the family) and related codes that include additional components beyond the base code, such as biopsy or polyp removal.

- II. When multiple procedures from the same endoscopy family are billed, reimbursement for the highest-valued procedure is based on 100% of the eligible charge. Reimbursement for all remaining procedures in the same family is based on the eligible charge for that code minus the allowable for the family's base code.
- III. Company reserves the right to apply standard multiple procedure reduction rather than multiple endoscopy reduction to specific endoscopy families if the standard multiple procedure reduction is greater than the multiple endoscopy reduction. See Coding Policy 06.0 (Multiple Procedure Reductions) for information on standard multiple procedure reduction.
- IV. When two unrelated endoscopic procedures are performed on the same day, multiple endoscopy rules are not applied because the endoscopies are not in the same family. However, these procedures are subject to Company's multiple procedure reduction. See Coding Policy 06.0 (Multiple Procedure Reductions) for additional information.

PROCEDURE

GENERAL

All endoscopy codes with multiple surgery indicator of "3" on the Medicare Physician Fee Schedule (MPFS) are subject to the multiple endoscopy payment reduction. If the procedure is part of an endoscopy family, the base code is listed on the MPFS in a column labeled "Endo Base."

Only codes with the same base codes are considered part of the same endoscopy family. For example, CPT codes 45385 (Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique) and 45380 (Colonoscopy, flexible; with biopsy, single or multiple) have the same base code, which is CPT code 45378 (Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed).

If CPT codes 45385 and 45380 are billed together, code 45385 is reimbursed at 100% of the eligible amount, and reimbursement for code 45380 is reduced by the allowed amount for the base code, 45378.

- Code 45385: Reimbursed at 100% of eligible amount
- Code 45380: Reimbursed at 100% of eligible amount MINUS 100% of eligible amount for code 45378

Standard multiple procedure reduction will be applied to bilateral endoscopy procedures rather than the multiple endoscopy reduction.

Company reserves the right to apply standard multiple procedure reduction (Coding Policy 06.0) rather than multiple endoscopy reduction if the standard multiple procedure reduction is greater than the multiple endoscopy reduction.

Endoscopy codes with different base codes are not considered part of the same endoscopy family. For example, CPT code 29823 (Arthroscopy, shoulder, surgical; debridement, extensive) is part of an endoscopy family with a base code of 29805 (Arthroscopy, shoulder, diagnostic, with or without synovial biopsy), whereas CPT code 29835 (Arthroscopy, elbow, surgical; synovectomy, partial) is part of an endoscopy family with a base code of 29830 (Arthroscopy, elbow, diagnostic, with or without synovial biopsy). Therefore, if CPT codes 29823 and 29835 are billed together, the multiple endoscopy payment reduction does not apply, but the standard multiple procedure reduction (Coding Policy 06.0) will be applied.

CROSS REFERENCES

- Coding Policy 06.0 (Multiple Procedure Reductions)

REFERENCES

1. CMS Multiple Endoscopy Guidelines (cms.gov)
2. Medicare Physician Fee Schedule (cms.gov)
3. Providence Health Plan Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
6/2017	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2024	Annual review. No changes to policy.
5/2025	Annual review. Added reference to CMS website. No changes to policy.
8/2025	Interim update. Re-numbered policy from 41 to 6.1.
5/2026	Annual review. No changes to policy.

