



2024 Pricing for Most Frequent Endoscopy Services

ENDOSCOPY'S MOST FREQUENTLY BILLED SERVICES⁴

CPT CODE ¹	DESCRIPTION	MANKATO CLINIC CHARGE	AVERAGE COMMERCIAL REIMB RATE ²	MEDICARE ALLOWED ³	MEDICAID ALLOWED ³
45378	Colonoscopy, Diagnostic	\$3,936.32	\$2,545.06	\$803.47	\$681.79
45380	Colonoscopy, with Biopsy	\$4,787.54	\$3,021.61	\$1,034.76	\$883.58
45385	Colonoscopy, with Removal of Polyp	\$5,250.79	\$3,147.89	\$1,051.56	\$896.22
G0105	Colorectal Cancer Screening, Colonoscopy ⁵ , high risk-Medicare only	\$3,936.32	\$2,222.19	\$803.47	\$681.79
G0121	Colorectal Cancer Screening, Colonoscopy ⁵ , not high risk-Medicare only	\$3,937.70	\$2,222.58	\$803.56	\$682.04
99244	Consultation, Level 4	\$482.00	\$397.66	Non Covered	\$120.39
88305	Level IV Surgical Pathology, each	\$292.56	\$200.21	\$71.07	\$71.07
G0500	Moderate Sedation Service, initial 15 minutes-Medicare only	\$180.36	\$66.76	\$56.93	\$42.88
99153	Moderate Sedation Services, each additional 15 minutes	\$35.64	\$28.91	\$11.27	\$8.42
99152	Moderate Sedation Services, initial 15 minutes	\$162.00	\$113.63	\$49.76	\$37.43
88312	Special Stain for Evaluation of Tissue Specimens	\$462.30	\$314.91	\$112.53	\$112.53
43239	Upper Gastrointestinal Endoscopy, with Biopsy	\$4,252.14	\$2,761.26	\$839.74	\$709.42

¹ **CPT Codes:** CPT codes are a medical code set that is used to report medical, surgical and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.

² **Average Commercial Reimbursement Rate:** Mankato Clinic is pleased to be participating with many large Insurance payers. If we are participating with your Insurance, we have agreed to an allowed amount with them. Any difference between Mankato Clinic's usual charge, and the allowed amount from a participating Insurance, is discounted. An Insurance company may cover a service, but you may still have an out-of-pocket cost if you have a deductible, co-pay or co-insurance. It is always advisable to check with your Insurance before having services if you have any questions about what your out-of-pocket expense will be.

³ **Medicare and Medicaid Allowed:** If patients are covered by Medicare or Medicaid, we are only reimbursed at the allowed amount listed.

⁴ **Endoscopy Services:** Please note that the above charges for the Colonoscopy and Upper GI procedures include both the physician fee and the facility fee. In the course of a procedure it is not uncommon to have several different procedures done at the same time, each procedure will be billed separately. Pathology charges and sedation charges are in addition to the procedure charges. If you have multiple biopsies taken, there is a separate charge for each.

⁵ **Screening Colonoscopy:** A screening colonoscopy is defined as a procedure performed on an individual without symptoms to test for the presence of colorectal cancer or polyps. Discovery of a polyp or cancer during a screening exam does not change the screening intent. A diagnostic colonoscopy allows physicians to evaluate symptoms such as anemia, rectal bleeding, abdominal pain or diarrhea. It is important to check with your insurance ahead of your procedure to determine their payment policies for screening vs. diagnostic procedures.