

Date: 05/12/2020

Medi-Cal

**Important Provider Notice: #390** 

Subject: Gastroenterology Codes for Physician Billed Services without a Medi-Cal Rate – Updated 6/11/20

Effective immediately, Partnership HealthPlan of California (PHC) established rates for the following procedure codes where Medi-Cal does not have a rate at this time:

CPT Code	Description	PHC Rate
45390	Colonoscopy, flexible; with endoscopic mucosal resection	\$ 180.21
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	\$ 156.86
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)	\$ 145.85
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	\$ 106.73
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$ 82.70
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)	\$ 80.89
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	\$ 123.31
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	\$ 92.58
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	\$ 130.39
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	\$ 44.17
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	\$ 105.43
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$ 105.43
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	\$ 76.19
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	\$ 233.02
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	\$ 124.80

When Medi-Cal establishes a rate for these codes, the rates listed above will be replaced with the new rates.

• NOTE – These rates only apply to physician billed services with modifier AG.

For further information regarding this process, please contact the PHC Claims Department at (707) 863-4130.