



Pouchoscopy Price Quote

Listed below are the fees associated with the pouchoscopy procedure. While we cannot guarantee the exact dollar amount of your procedure, we hope this tool will serve as a guideline when contacting your insurance company to determine your benefits.

We have included the CPT codes associated with the various procedures as a reference. Furthermore, we have listed the fees for the physician component as well as the facility fees for the use of any of our ambulatory surgical centers (ASCs). This is not a comprehensive list of all procedures we perform; we have only included the most common procedures.

The final cost of your visit cannot be determined until the physician has fully examined you and completed the procedure. It is not uncommon to have biopsies done and/or polyps removed during the procedures. Most patients who have a biopsy taken or a polyp removed have two or three specimens examined by a pathologist. If the pathologist determines that further testing on the specimen(s) is required, special stains or immunochemistry could also be done. This is rare but if it is needed, the associated pathology charge(s) below would apply. In such cases, you will receive separate bills from the pathologist (Hospital Pathology Associates) and/or a bill from the laboratory (Lab Corp) for any blood work done. If an anesthesia team member administers or monitors the sedation medication given during your procedure, there will be additional charges billed. Please check your insurance for specific benefits. The actual allowed amount (the amount of the billed charge deemed payable by an insurance plan) for each charge will be determined by your insurance company.

Insurance coverage for this procedure varies amongst insurers. It is important to check your individual policy and direct any questions to your insurer to determine coverage and your financial responsibility prior to receiving treatment.

Procedures

Prices may be subject to change

CPT Code	Description	MNGI (Physician Fee)	MNGI Endoscopy* (Facility Fee)
44385	Pouchoscopy	\$293	\$1,035
44386	Pouchoscopy with biopsy	\$361	\$1,035

The nature of some procedures may require that the procedure be performed in a hospital. If so, the facility case, the facility charge would be determined by the hospital. *

Pathology

Billing Code (CPT Code)	Description	Charge Amount
88305	Biopsy (or polyp)** – Technical component	\$136 (Each specimen, only if taken)
88312,88313,88342	Special stains, Technical component	\$262-\$346 (Only billed if specimen requires additional testing)

***If biopsies are taken during the procedure, there will be additional charges billed by Hospital Pathology Associates for the physician who reads and interprets the specimen slides. The charges from Hospital Pathology Associates will **always** be considered as diagnostic services and as such, will never be considered as routine screening. Please check your insurance for your specific benefits related to pathology. ***

Anesthesia

Billing Code (CPT Code)	Description	Charge Amount
00811	For Diagnostic Colonoscopy	\$650-\$1,040

***The charge amount for anesthesia care is dependent on the length of the procedure, age, and health status of the patient.*

Generally speaking, having a procedure at an ASC offers a lower cost alternative compared to having the procedure at a hospital. Our ASCs are certified by Medicare and follow strict guidelines for quality and patient safety. State-of-the-art facilities and equipment combined with experienced staff focusing on a small set of procedures offer our patients a very positive care experience. If you have any further questions, please call our Business Office at 612-871-1145.