

2026 CODING & REIMBURSEMENT CONSIDERATIONS THE REPOSITIONABLE HEMOSTASIS CLIP

To help answer common coding and reimbursement questions about endoscopic clip therapy in the gastrointestinal tract, the following information is shared for educational and strategic planning purposes only. While Micro-Tech Endoscopy believes this information to be correct, please review the American Medical Association (AMA) CPT[®] Professional 2026 Codebook as well as payer requirements for appropriately selected patients.

REGULATORY CLEARANCE: The Repositionable Hemostasis Clip (K202333, 1/14/21) is indicated for endoscopic clip placement within the gastrointestinal track in adult populations only via a straight or side viewing flexible endoscope for the purpose of:

1. Endoscopic marking.
2. Hemostasis for (a) mucosal/sub-mucosal defects < 3 m; (b) bleeding ulcers; (c) polyps <1.5 cm in diameter; (d) diverticula in the colon; (e) arteries <2 m; (f) prophylactic clipping to reduce the risk of delayed bleeding post lesion resection.
3. As a supplementary method, closure of GI tract luminal perforations <20 mm that can be treated conservatively.
4. Anchoring to affix jejunal feeding tubes to the wall of the small bowel.

CODING CONSIDERATIONS: Codes provide a uniform language for describing services performed by healthcare providers. The actual selection of codes is the sole responsibility of the provider and is dependent upon details in the patient's medical record. Endoscopic clipping is a common practice among endoscopists to provide mechanical hemostasis for bleeding lesions, for example, but not limited to:

CPT Code	Procedure Description	Physician Fee in Office Setting	Physician Fee in ASC or Hospital	ASC Facility Payment	Hospital Outpatient Facility Payment
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	\$656	\$147	\$894	\$1,960
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	\$689	\$177	\$894	\$1,960
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	N/A	\$210	\$894	\$1,960
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	N/A	\$335	\$894	\$1,960
44391	Colonoscopy through stoma; with control of bleeding, any method	\$702	\$203	\$657	\$1,223
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	\$544	\$106	\$657	\$1,223
45382	Colonoscopy, flexible; with control of bleeding, any method	\$730	\$227	\$657	\$1,223

MEDICARE HOSPITAL OUTPATIENT CODING AND PAYMENT FOR ENDOSCOPIC DEFECT CLOSURE

According to the Centers for Medicare & Medicaid Services (CMS), hospitals can use HCPCS Code C9901 to report defect closure procedures performed in outpatient settings.

HCPCS Code	Procedure Description	2025 Hospital Outpatient Payment
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	\$10,860

Source: CMS 2026 final rules for Physician, Hospital Outpatient and ASC payments @ www.cms.gov

The coding information provided above may include codes for procedures for which Micro-Tech Endoscopy does not have any applicable products. These codes were included in this guide to provide a more comprehensive coding guide and are not intended to promote the use of any Micro-Tech products for which they are not cleared or approved.

