

DISPOSABLE ENDOSCOPE

Policy # CR-104

Implementation Date: 1/1/26

Review Dates:

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medical (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

A disposable (single-use) endoscope is a sterile, flexible camera-tipped medical device designed for a single patient use and then discarded. These devices eliminate the need for cleaning and sterilization, thereby reducing the risk of patient-to-patient cross-contamination. They offer high-definition, consistent imaging and are commonly used in pulmonology, urology, and gastrointestinal procedures.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health does not provide separate reimbursement for the use of a disposable endoscope, as it is considered part of the primary procedure. Accordingly, reimbursement for C1747 will not be issued separately.

SELECT HEALTH MEDICARE (CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care policies typically align with State of Utah Medicaid policy, including use of InterQual. There may be situations where NCD/LCD criteria or Select Health commercial policies are used. For the most up-to-date Medicaid policies and coverage, please visit their website <http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)

Billing/Coding Information**CPT CODES**

C1747 Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)

Sources

1. Current Procedural Terminology (CPT®), (2025) – American Medical Association.
2. Optum, HCPCS Level II Expert 2025.

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of

benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at **801-442-3692**.

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