Know Your Upper and Lower Gastrointestinal Scopes

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GI Topics of Discussion

• Anatomy of the Upper Gastrointestinal Tract
• Esophagoscopy
• Esophageal Dilation
• Esophagogastroduodenoscopy
• EGD with procedures
• Anatomy of the Lower Gastrointestinal Tract
• Colonoscopy
• Colonoscopy with procedures

The Upper GI Tract

• Includes
  – Esophagus
  – Stomach
  – Duodenum
The Upper GI Tract

- **Esophagus**
  - Portion of the alimentary canal between the pharynx and stomach
  - Approximately 25 cm long
  - Consists of three parts
    - Cervical part
    - From cricoid cartilage to the thoracic inlet
    - Thoracic part
    - From the thoracic inlet to the diaphragm
    - Abdominal part
    - Below the diaphragm to the cardiac opening of the stomach

The Upper GI Tract

- **Gastroesophageal junction**
  - Junction between the esophagus and stomach
  - Not actually considered a valve

- **Terminology**
  - GE junction
  - Cardiac sphincter
  - Z-line

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The Upper GI Tract

- **Stomach**
  - Between the esophagus and duodenum
  - Left upper part of the abdominal cavity
  - Top of stomach lies against the diaphragm
  - Pancreas behind the stomach
  - Two sphincters
    - Esophageal sphincter
    - Pyloric sphincter

The Upper GI Tract

- **Anatomic areas of the stomach**
  - **Cardia**
    - Part of the stomach that receives the esophagus
  - **Fundus**
    - Area of the stomach above the level of the cardia
    - Located within the left dome of the diaphragm
  - **Body**
    - Also called corpus
    - Main part of the stomach between the cardia and pyloric antrum
The Upper GI Tract

• Anatomic areas of the stomach
  – Pyloric antrum  
    • Funnel shaped region of the stomach that leads to the pylorus
  – Pylorus  
    • Last part of the stomach
    • Contains the pyloric sphincter  
      – Muscle that allows emission of gastric juice into the duodenum

The Upper GI Tract

• Anatomic areas of the stomach
  – Lesser Curvature  
    • Shorter, concave side from the cardia to the pylorus
  – Greater Curvature  
    • Long convex line leading from cardia to pylorus
    • Next to spleen
The Upper GI Tract

- Duodenum
  - Hollow jointed tube about 25-30 cm
  - 1st and shortest part of the small intestine
  - Connects the stomach to the jejunum
  - Begins with duodenal bulb
  - Ends at ligament of Treitz
  - Divided into four parts

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The Upper GI Tract

• Parts of the duodenum
  – Superior
    • First part of which is the duodenal cap
    • Extends from pyloric sphincter laterally to the right and posteriorly for about 2 inches
  – Descending
    • Bile and pancreatic duct openings
  – Horizontal (inferior)
  – Ascending
    • Terminates at duodenojejunal junction

Endoscopic Esophageal Procedures

• Esophagoscopy
  – Inspection of the interior of the esophagus by means of an endoscope
  – Limited to esophagus only
  – Rigid or flexible endoscope
  – Code range 43200 - 43232
Endoscopic Esophageal Procedures

• CPT® codes are available to describe:
  – Injection
  – Biopsy
  – Band ligation
  – Removal of foreign body
  – Removal of lesion by hot biopsy, bipolar cautery, snare
  – Insertion of stent
  – Dilation
  – Control of bleeding
  – Ablation
  – Ultrasound examination with or without biopsy

Dilation of the Esophagus

• Therapeutic procedure performed to stretch or enlarge the narrowed portion of the esophagus
• Primarily utilized to relieve dysphagia
• Causes of esophageal blockage/narrowing
  – Acid peptic stricture
  – Schatzki’s ring
  – Achalasia
  – Ingestion of caustic agents
  – Tumors
Dilation of the Esophagus

• Methods of Esophageal Dilation
  – Indirect visualization
    • Mercury or tungsten filled bougies
      – Maloney
      – Hurst
    • Passed blindly or under fluoroscopic control
    • Series of increasing thickness dilators passed
    • Simplest and quickest method of opening the esophagus
    • CPT® code 43450
Dilation of the Esophagus

- Methods of Esophageal Dilation
  - Indirect visualization
    - Wire guided polyvinyl dilators
      - Savary-Gilliard
      - American
    - Endoscopy performed to pass guide wire into stomach
    - Dilators then passed over guidewire
    - Fluoroscopy may be utilized
    - Code 43226 is reported when procedure is performed during an esophagoscopy only
Dilation of the Esophagus

• Methods of Esophageal Dilation
  – Indirect visualization
    • Dilation over guidewire without endoscope
    • Fluoroscopy is utilized to visualize the placement of the guidewire
    • Not frequently performed
    • CPT® code 43453 reported in these cases

• Methods of Esophageal Dilation
  – Direct visualization
    • “Through-the-scope” (TTS) balloon dilators
    • Endoscopy performed to visualize esophagus
    • Deflated balloon placed through the scope and across stricture
    • Endoscope remains in place while the balloon is inflated to a diameter of less than 30 mm
    • CPT® code 43220
Dilation of the Esophagus

Upper Gastrointestinal Endoscopy

• Esophagogastroduodenoscopy
  – Acronym = EGD
  – Direct visual examination of the upper gastrointestinal tract by means of a flexible fiberoptic endoscope
  – EGD describes a procedure in which the pyloric channel is traversed with the endoscope
  – Code range 43235 - 43259
Indications for EGD

- Acute upper GI bleeding
- Dysphagia
- Dyspepsia
- Odynophagia
- Surveillance endoscopy
- Abnormalities on upper GI series
- Suspected gastric outlet obstruction

Upper Gastrointestinal Endoscopy

- CPT® codes are available to describe:
  - Biopsy
  - Injections
  - Removal of foreign body
  - Dilation
  - Hot biopsy or bipolar cautery treatment
  - Snare treatment
  - Ablation of lesion not amenable to treatment by hot biopsy, bipolar treatment, or snare
  - Control of bleeding
  - Ultrasound examination
Upper Gastrointestinal Endoscopy

• 43236 – EGD with directed submucosal injection(s), any substance
  – Submucosa = supporting layer of connective tissue directly below a mucous membrane
  – Reported once regardless of the number of injections performed
  – Describes submucosal injection of any substance
    • India Ink
    • Botulinum toxin
    • Saline
    • Corticosteroids

Upper Gastrointestinal Endoscopy

• 43236 – EGD with directed submucosal injection(s), any substance
  – Not used to report injection sclerosis of esophageal and/or gastric varices
    • Documentation may indicate sclerotherapy needle used for injection
  – Not used to report injection of substances to control bleeding
Upper Gastrointestinal Endoscopy

• 43239 - EGD with biopsy
  – Reported one time regardless of number of biopsies performed
  – Single lesion
    • Biopsy performed
    • Removed during same operative session
    • Report only code for removal of lesion

• 43239 - EGD with biopsy
  – Multiple lesions
    • Lesion(s) biopsied
    • Separate lesion(s) removed during same operative session by different technique
    • Report:
      – Biopsy code
      – Lesion removal code
      – Modifier -59 if indicated
Upper Gastrointestinal Endoscopy

• EGD with biopsy – *Helicobacter pylori*
  – Commercial kits (CLO test) available to detect presence of urease produced by H. Pylori
  – Typically involves obtaining a tissue biopsy via endoscope
  – EGD portion of procedure reported with 43239
  – Laboratory test for detection of H. pylori reported separately

EGD with Biopsy

• Procedure
  – During EGD biopsy forceps are passed through a channel in the endoscope
  – Biopsy obtained with forceps
  – Forceps and biopsy are pulled back out of channel
EGD with Biopsy

Upper Gastrointestinal Endoscopy

- 43240 – EGD with transmural drainage of pseudocyst
  - Describes endoscopically guided drainage of pseudocyst of the upper GI wall
  - Includes insertion of the drainage tube into the pseudocyst, when performed
EGD with transmural drainage of pseudocyst

Pancreatic Pseudocysts

- Intra- or extra-pancreatic fluid collections
- Composed of pancreatic secretions and inflammatory debris
- Reactive granulation tissue walls off fluid collection
- Originates from leaks in pancreatic duct

Etiology

- Necrosis secondary to pancreatitis
- Progressive ductal obstruction
- Trauma

EGD with transmural drainage of pseudocyst

- 43240 Transmural Puncture Procedure
  - Recommended for large non-communicating pseudocysts that compress the stomach or duodenum
  - Needle knife sphincterotomy is used to create small incision through gastric or duodenal wall into pseudocyst
  - Guidewire placed, followed by balloon dilatation
EGD with Transmural Drainage of Pseudocyst

• 43240 Transmural Puncture Procedure
  – Catheter double-pigtailed stents placed, decompressing the pseudocyst
  – Cyst contents drain into stomach

Upper Gastrointestinal Endoscopy

• 43242 – EGD with transendoscopic US-guided intramural or transmural fine needle aspiration/biopsy(s)
  – Intramural biopsy
    • Within the walls of a hollow organ
  – Transmural biopsy
    • Across the wall of an organ or structure, including the entire thickness of the wall.
EUS Guided Fine Needle Aspiration or Biopsy

• Endoscope has small ultrasound transducer at tip
• Facilitates imaging of various structures from within the GI tract
• Allows sampling of tissue through FNA or biopsy
• Typically utilized in staging esophageal and gastric tumors
  – Allows sampling of paraesophageal nodes, celiac nodes and adrenals not accessible by bronchoscopy or mediastinoscopy

EUS Guided Fine Needle Aspiration or Biopsy

• 43242 – EGD with transendoscopic US-guided intramural or transmural fine needle aspiration/biopsy(s)
  – Includes EUS of the upper GI tract wall
    • Esophagus
    • Stomach
    • Pylorus
    • Duodenum
  – Radiological S & I included
  – Reported one time regardless of number of biopsies performed
Upper Gastrointestinal Endoscopy

• EGD procedures for esophageal or gastric varices

• Two CPT codes for these procedures:
  – 43243 – EGD with injection sclerosis
  – 43244 – EGD with band ligation

Esophageal/Gastric Varices

• Esophageal varices
  – Dilated submucosal veins in esophagus
  – Due to elevated pressure in venous system in the abdomen
  – Most often a consequence of cirrhosis
  – Bleeding is common complication

• Gastric varices
  – Dilated veins in stomach
  – Reported incidence → 20 – 70% in patients with esophageal varices
  – Without esophageal varices → splenic thrombosis may be present
EGD with Injection Sclerosis

• 43243 – Procedure
  – EGD performed
  – Disposable injecting needle advanced through channel of endoscope
  – Needle introduced into the lumen of the varix
  – Sclerosing solution injected
  – Several varices injected at a session

EGD with Injection Sclerosis

• Sclerosant Solutions
  – Produces immediate local reaction
  – Results in clot formation in varix
  – Inflammatory reaction produces local scarring which prevents formation of new venous channels
  – Ethanoloamine (Ethamolin)
  – Sodium morrhuate (Scleromate)
  – Sodium tetradecyl sulfate (Sotradecol, trobovein, Fibro-vein)
    • These may be mixed with concentrated alcohol or dextrose solutions
EGD with Band Ligation

- 43244 – Procedure
  - Based on rubber-band ligation of hemorrhoids technique
  - Up to 10 varices may be ligated with single passage of endoscope
  - EGD performed
  - Varix centered in field of view
  - Suction applied to pull varix into ligator cup
  - Trigger string on ligator pulled
  - Rubber band released around varix
Upper Gastrointestinal Endoscopy

• 43246 – EGD with directed placement of percutaneous gastrostomy tube
  – Indications
    • Intact functional GI tract
    • Unable to consume sufficient calories to meet metabolic needs
    • Neurologic conditions
      – Impaired swallowing
    • Neoplasms
      – Oropharynx, larynx, esophagus

EGD with PEG Placement

• 43246 – Procedure
  – Most widely used technique is “pull” method
  – Includes
    • Gastric insufflation to bring the stomach into apposition to the abdominal wall
    • Percutaneous placement of a tapered cannula into the stomach
    • Passage of a suture or guidewire into the stomach
    • Placement of gastrostomy tube
    • Verification of proper position
EGD with PEG Placement

Upper Gastrointestinal Endoscopy

EGD with Esophageal Dilation

- 43248 – EGD with insertion of guide wire followed by dilation of esophagus over guide wire

- 43249 – EGD with balloon dilation of esophagus (less than 30 mm diameter)
EGD with Esophageal Dilation

• 43248 – Procedure
  – Endoscope inserted
  – Flexible tipped guide wire passed through the endoscope into the stomach
  – Endoscope withdrawn, leaving guide wire in place
  – Series of dilators are passed over the guide wire
  – After largest desired dilator utilized, guide wire and dilators removed

EGD with Esophageal Dilation

• 43249 – Procedure
  – TTS (Through the Scope) hydrostatic dilating balloon utilized
  – Appropriate sized balloon selected
  – Passed through the biopsy channel of the endoscope
  – Advanced under direct vision until its middle portion passes through the stricture
EGD with Esophageal Dilation

• 43249 – Procedure
  – Balloon is compressed at stricture site
  – Gives the appearance of a “waist”
  – Balloon is then inflated until waist is fully expanded

Upper Gastrointestinal Endoscopy

• 43250 – EGD with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery
  – Code reported only once, regardless of the number of lesions treated
  – Hot biopsy forceps vs. bipolar cautery are technical differences and do not warrant separate codes
Monopolar vs. Bipolar Cautery

**Hot biopsy forceps**
- Monopolar
- Heat created in the metal portion of the forceps cup
- Caused by current flowing from device through patient to a grounding pad

**Bipolar Cautery**
- Current flows from generator to instrument
- Current runs from one portion of the tip of the forceps device to another portion of the forceps device
- Heats the metal used to cauterize and remove a lesion or polyp
- Flow returns to generator
- No dispersive “Bovie” pad needed
Upper Gastrointestinal Endoscopy

• 43251 – EGD with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
  – Code reported only once, regardless of the number of lesions treated
  – Remnants of lesion after use of a snare can be cauterized or ablated to completely destroy intended target
    • Only one technique should be reported to remove a unique polyp or lesion

EGD with Removal of Tumor, Polyp, or Lesion by Snare Technique

• 43251 - Snare Technique
  – Device which removes lesion from its attachment to gastric wall
  – Wire loop contained within an insulated plastic sheath extended into a lasso encircling lesion
  – Electrocautery current passed through snare
  – Results in cauterity of the lesion’s blood vessels
  – Specimen may need to be retrieved
EGD with Removal of Tumor, Polyp, or Lesion by Snare Technique

Endoscopic removal of gastric polyp

New Technology

• Endoscopic mucosal resection
  – Duette Multi-Band Mucosectomy Device
    • Utilizes suction and banding
    • Creates a “pseudopolyp”
    • Removed in similar fashion to standard polypectomy
  – Creation of pseudopolyp via banding
    • Relevant specialty societies recommend unlisted code
      – 43499 – unlisted procedure, esophagus
      – 43999 – unlisted procedure, stomach
  – Removal of pseudopolyp via snare
    • Code for snare removal would also be reported
  – Contact your MAC for further reporting instructions
Upper Gastrointestinal Endoscopy

- 43255 – EGD with control of bleeding, any method
  - Bleeding may be caused by:
    - Peptic ulcer disease
    - Gastritis
    - Vascular malformations

EGD with Control of Bleeding

- Therapeutic modalities available for control of bleeding
  - Injection
    - Hypertonic saline
    - Epinephrine
    - 98% alcohol
  - Bipolar Electrocoagulation
    - BICAP probe therapy
  - Heater probe
  - Argon beam coagulation
  - Acrylic glue
  - Hemostatic clips
  - Nd:YAG laser
Upper Gastrointestinal Endoscopy

- 43256 – EGD with transendoscopic stent placement
  - Describes transendoscopic gastroenteral stent placement
  - Includes predilation
  - Indicated for duodenal obstruction or gastric outlet strictures/obstructions

EGD with Enteral Stent Placement

- 43256 – TTS Procedure
  - Endoscope passed to site of obstruction
  - Guidewire placed beyond point of obstruction
  - Stent is passed over guidewire through working channel of endoscope
  - Stent deployed under direct endoscopic guidance
  - Fluoroscopy may also be utilized
EGD with Enteral Stent Placement

• Enteral® Wallstent
  – FDA approved for placement in the duodenum for gastric outlet obstruction

Upper Gastrointestinal Endoscopy

• 43257 – EGD with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia
  – For treatment of gastroesophageal reflux disease
  – Stretta® System
Stretta System

• Endoscopically guided
• Stretta catheter placed through patient’s mouth and into the valve between the stomach and esophagus
• Radiofrequency energy delivered to muscle of lower esophageal sphincter
• Creates small thermal lesions
• Lesions heal and tissue contracts resulting in improvement in GERD

Upper Gastrointestinal Endoscopy

• 43258 – EGD with ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
  – Report once to include any number of tumors, polyps, or other lesions that are ablated
  – Indicates what techniques code should not be used for
  – Report when other techniques are used for lesion treatment
    • Laser treatment
The Lower GI Tract

• Includes
  – Small intestine
    • Jejunum
    • Ileum
  – Large intestine
    • Cecum
    • Colon
      – Ascending colon
      – Transverse colon
      – Descending colon
      – Sigmoid flexure
    • Rectum
  – Anus

The Lower GI Tract

• Large intestine
  – Cecum
    • Connects ileum with ascending colon
The Lower GI Tract

- Colon
  - Ascending colon
  - Hepatic flexure
  - Transverse colon
  - Splenic flexure
  - Descending colon
  - Sigmoid flexure

- Rectum
  - Final portion of large intestine

- Anus
  - External opening of rectum
Lower Gastrointestinal Endoscopy

• Colonoscopy
  – Endoscopic examination of the colon
    • Rectum to cecum
    • May include examination of the terminal ileum

• CPT® code range
  – 45378 - 45392

Lower Gastrointestinal Endoscopy

• Indications for colonoscopy
  – Iron deficiency anemia
  – Hematochezia
  – Uncomplicated lower abdominal pain of at least 2 months duration
  – Change in bowel habits
  – Uncomplicated diarrhea
  – Evaluation of known ulcerative colitis or Crohn’s disease
  – Screening for colorectal cancer
  – Surveillance after colonic polypectomy or resection of colon cancer
Colonoscopy

• CPT® codes are available to describe
  – Removal of foreign body
  – Biopsy
  – Control of bleeding
  – Ablation of tumors
  – Hot biopsy or bipolar cautery treatment
  – Snare procedure
  – Dilation
  – Stent placement
  – US examination and biopsy

Colonoscopy

• 45379 – Colonoscopy with removal of foreign body
  – Ingested foreign bodies
    • Usually pass colon embedded in stool
  – Iatrogenic foreign bodies
    • Biliary prosthesis
    • Metal stents
  – Foreign bodies introduced per rectum
    • Drug pouches
    • Sexual objects
Colonoscopy

• 45380 Colonoscopy with biopsy
  – Use of forceps to grasp and remove small piece of tissue without the application of cautery
  – May be referred to as cold biopsy, cold biopsy forceps or biopsy
  – Tissue biopsy
    • Abnormal mucosa
    • Lesion too large to remove
    • Lesion or polyp

Colonoscopy

• 45380 Colonoscopy with biopsy
  – Reported one time regardless of number of biopsies performed
  – Single lesion
    • Biopsy performed
    • Removed during same operative session
    • Report only code for removal of lesion
Colonoscopy

• Multiple lesions
  – Lesion(s) biopsied
  – Separate lesion(s) removed during same operative session by different technique
  – Report:
    • Biopsy code
    • Lesion removal code
    • Modifier -59 if indicated

Colonoscopy

• 45381 – Colonoscopy with directed submucosal injection
  – Injection performed into submucosa with sheathed needle tipped catheter
  – Report in addition to additional therapeutic procedure
  – Not reported to control bleeding
  – Types of injections
    • Saline – utilized to lift polyp
    • India ink – utilized to tattoo area to enable later identification of site during subsequent procedure or surgery
Colonoscopy

• 45382 – Colonoscopy with control of bleeding
  – Includes methods
    • Injection
    • Bipolar cautery
    • Unipolar cautery
    • Laser
    • Heater probe
    • Stapler
    • Plasma coagulation

Colonoscopy

• 45382 – Colonoscopy with control of bleeding
  – Report code only once even if multiple types of modalities are utilized
  – Do not report for control of bleeding related to an intervention in the same session
Colonoscopy

- 45383 – Colonoscopy with ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
  - Indicates what techniques code should not be used for
  - Ablation = removal of a growth or harmful tissue
    - In GI usually refers to cauterization of polyp when unable to be removed by other techniques

Colonoscopy

- 45383 – Colonoscopy with ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
  - Ablation devices
    - Argon plasma coagulator
    - Heater probe
    - Cryotherapy
Colonoscopy

• 45384 – Colonoscopy with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery
  – Removes and cauterizes polyp/lesion at same time
  – Report only once per colonoscopy

• 45385 - Colonoscopy with removal of tumor(s), polyp(s) or other lesion(s) by snare technique
  – Most common method of removal of larger polyps
  – Consists of wire loop that heats up
  – Used to shave off the polyp
Colonoscopy

• 45386 – Colonoscopy with balloon dilation
  – Used to treat benign stenoses
    • Crohn’s disease
    • Ischemic colitis
    • NSAID colitis
    • Postoperative strictures
  – Report once even if more than 1 stricture is dilated

Colonoscopy with Balloon Dilation

• Procedure
  – Balloon passed through working channel of colonoscope
  – Placed under direct vision (TTS)
  – Balloon expanded
  – Balloon deflated and removed
Colonoscopy

• 45387 – Colonoscopy with stent placement
  – Used in the treatment of malignant colorectal obstruction
    • Preoperative decompression
    • Palliation
  – Includes predilation of the stricture
    • Do not report 45386 in conjunction with 45387

Colonoscopy with Stent Placement

• Procedure
  – Endoscope advanced to site of lesion
  – Guidewire and catheter advanced through obstruction
  – Guidewire replaced by stiff guidewire
  – Delivery system introduced
  – Stent deployed with endoscopic and radiographic guidance
Colonoscopy with Stent Placement

• Types of colonic stents
  – Wallstent Enteral
  – Ultraflex Precision
  – Z Stent

Resource/Reference List

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