

# Know Your Upper and Lower Gastrointestinal Scopes

Presented by:

Laurette Pitman, RN, CPC-H, CGIC, CCS



Committed to Professional Excellence

## Speaker:

Laurette Pitman, RN, CPC-H, CGIC, CCS

Ms. Pitman is a Senior Auditor in the Hospital Audit Services division of Health Information Partners. She is responsible for hospital outpatient compliance reviews, facility education and staff quality assurance.

She is also a contributing writer to the APC Answer Letter and has over 20 years of coding and auditing experience.

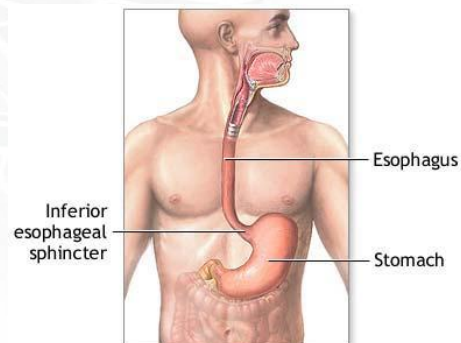
## GI Topics of Discussion

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

3

## The Upper GI Tract

- Includes
  - Esophagus
  - Stomach
  - Duodenum



ADAM.

4

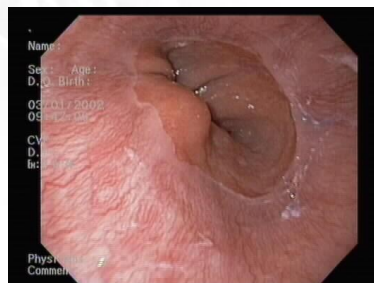
# The Upper GI Tract

- 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

5

# The Upper GI Tract

- Gastroesophageal junction
  - Junction between the esophagus and stomach
  - Not actually considered a valve
- Terminology
  - GE junction
  - Cardiac sphincter
  - Z-line



[www.gastro.com](http://www.gastro.com)

6

## 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

7

## 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

8

## 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

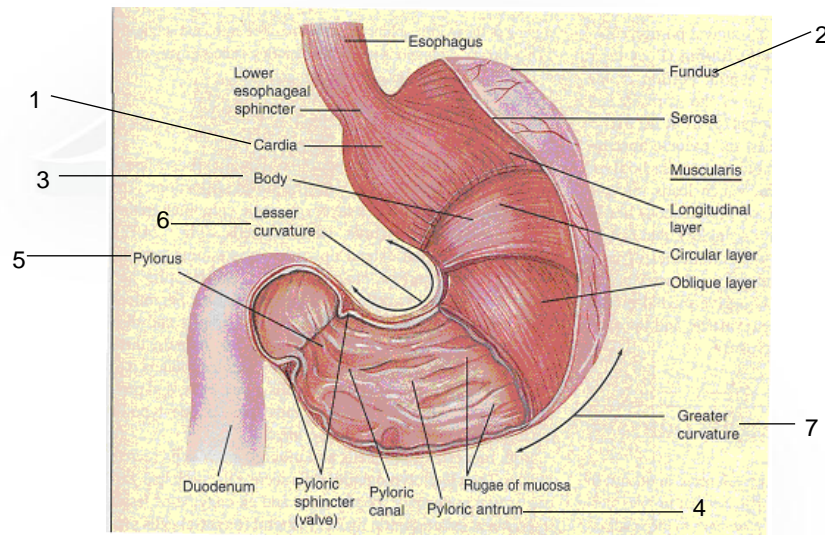
9

## 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

10

# The Upper GI Tract

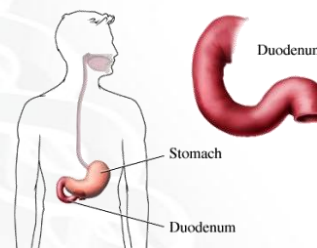


[www.anatomytopics.wordpress.com](http://www.anatomytopics.wordpress.com)

11

# The Upper GI Tract

- Duodenum
  - Hollow jointed tube about 25-30 cm
  - 1<sup>st</sup> 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

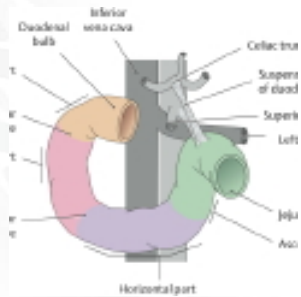


[www.butler.org](http://www.butler.org)

12

# 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



13

# 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

14

## 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

15

## 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

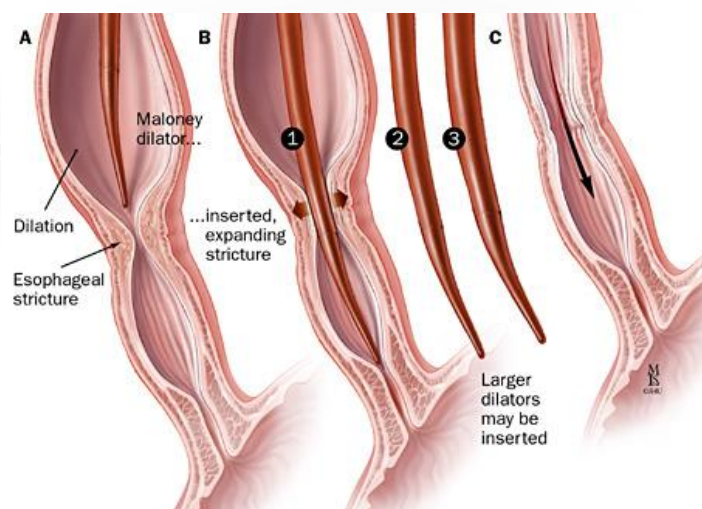
16

# 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

17

# Dilation of the Esophagus

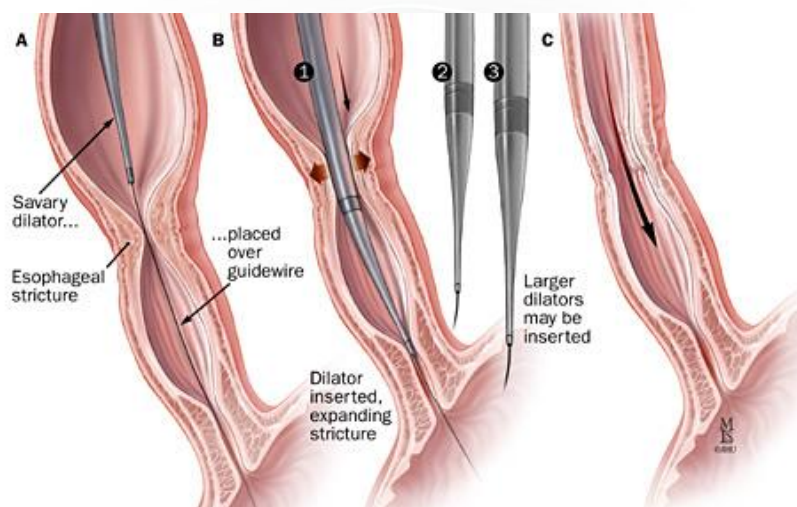


# Dilation of the Esophagus

- 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

19

# Dilation of the Esophagus



[www.hopkins-gi.org](http://www.hopkins-gi.org)

20

# 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

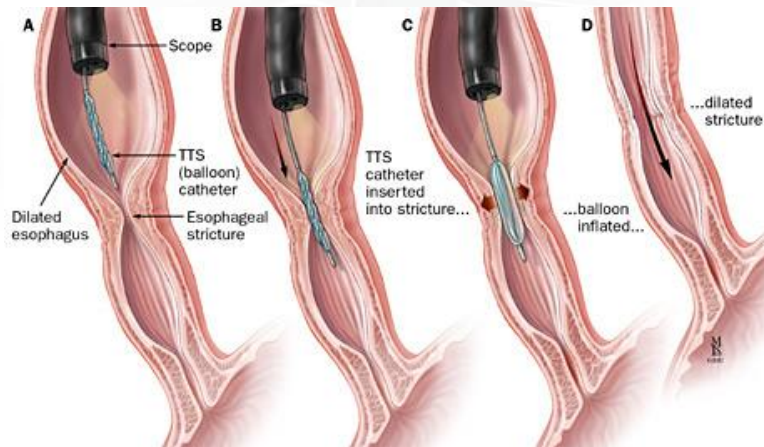
21

# Dilation of the Esophagus

- 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

22

## Dilation of the Esophagus

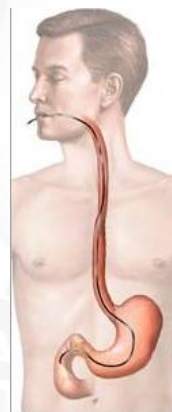


[www.hopkins-gi.org](http://www.hopkins-gi.org)

23

## 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



24

## Indications for EGD

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

25

## 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

26

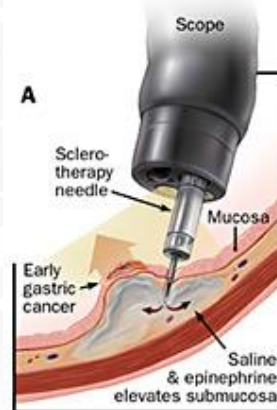
## Upper Gastrointestinal Endoscopy

- 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

27

## 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

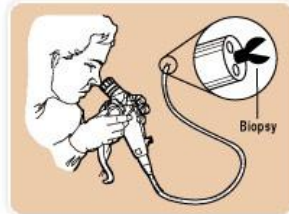


[www.hopkins-gi.org](http://www.hopkins-gi.org)

28

## 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

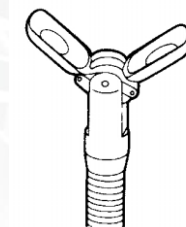


[www.gicare.com](http://www.gicare.com)

29

## Upper Gastrointestinal Endoscopy

- 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



30

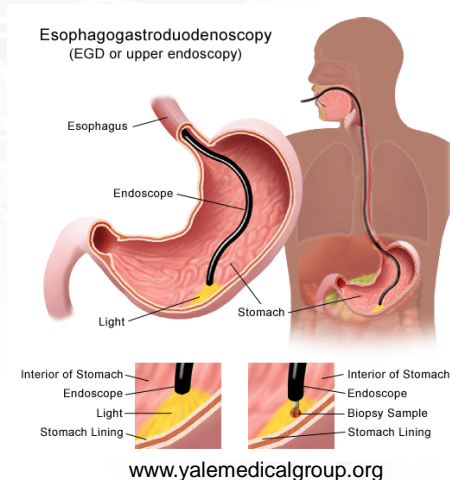
# Upper Gastrointestinal Endoscopy

- 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

31

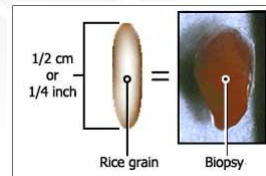
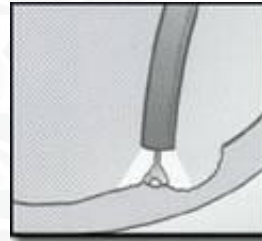
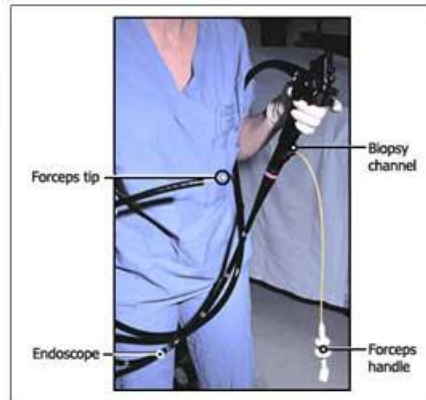
## EGD with Biopsy

- 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



32

## EGD with Biopsy

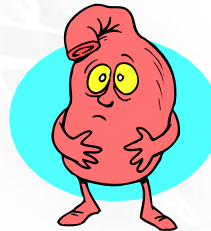


[www.barettinfo.com](http://www.barettinfo.com)

33

## 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



34

## 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

35

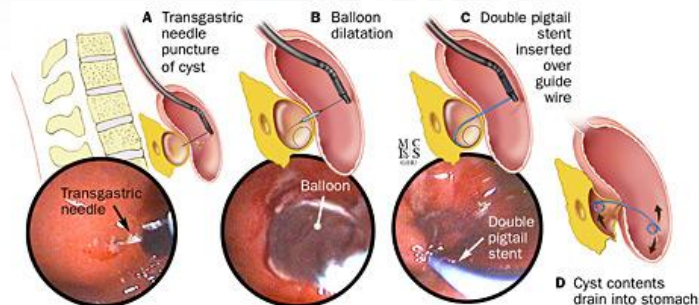
## EGD with transmural drainage of pseudocyst

- 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

36

## EGD with Transmural Drainage of Pseudocyst

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



37

## 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.

38

## 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



www.itonline.net 39

## 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



41

## 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

42

## 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

43

## 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
  - Ethanolamine (Ethamolin)
  - Sodium morrhuate (Scleromate)
  - Sodium tetradecyl sulfate (Sotradecol, trobovein, Fibro-vein)
    - These may be mixed with concentrated alcohol or dextrose solutions

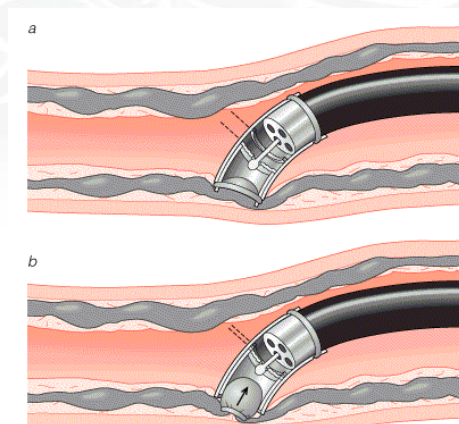
44

## 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

45

## EGD with Band Ligation



[www.hopkins-gi.org](http://www.hopkins-gi.org)

46

## 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

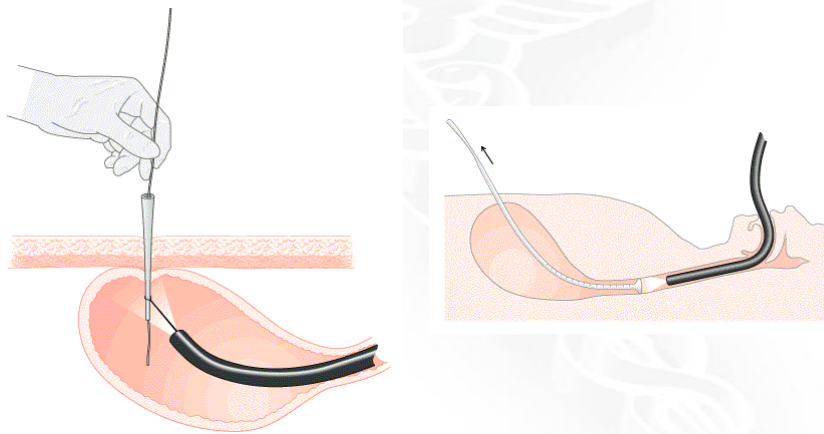
47

## 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

48

## EGD with PEG Placement



49

## 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)

50

## 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

51

## 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

52

## 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



53

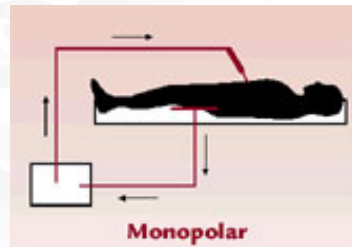
## Upper Gastrointestinal Endoscopy

- 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

54

# Monopolar vs. Bipolar Cautery

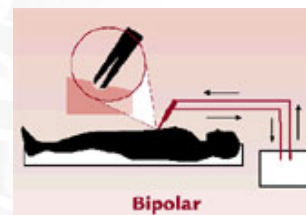
- Hot biopsy forceps
  - Monopolar
  - Heat created in the metal portion of the forceps cup
  - Caused by current flowing from device through patient to a grounding pad



55

# Monopolar vs. Bipolar Cautery

- 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



56

## 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

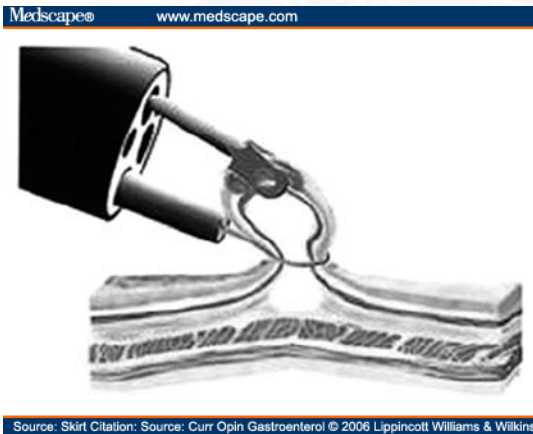
57

## 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 cautery of the lesion's blood vessels
  - Specimen may need to be retrieved

58

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



Endoscopic removal of gastric polyp

59

## 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

60

# Upper Gastrointestinal Endoscopy

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

Example of Upper GI bleeding



[www.stjohnprovidence.org](http://www.stjohnprovidence.org)

61

# EGD with Control of Bleeding

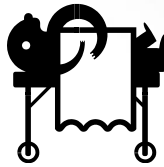
- Therapeutic modalities available for control of bleeding
  - Injection
    - Hypertonic saline
    - Epinephrine
    - 98% alcohol
  - Bipolar Electrocoagulation
    - BICAP probe therapy
  - Heater probe
  - Argon beam coagulation
  - Acrylic glue
  - Hemostatic clips
  - Nd:YAG laser



62

## 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



63

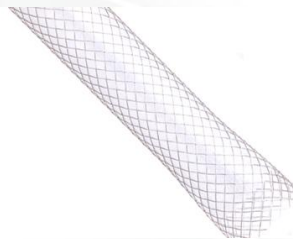
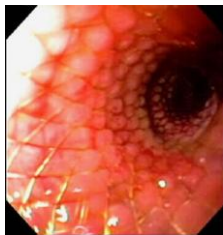
## EGD with Enteral Stent Placement

- 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

64

## EGD with Enteral Stent Placement

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



[www.bostonscientific.com](http://www.bostonscientific.com)

65

## 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



66

## 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

67

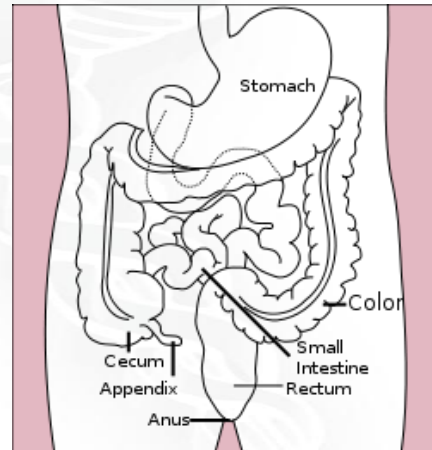
## Upper Gastrointestinal Endoscopy

- 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

68

# The Lower GI Tract

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

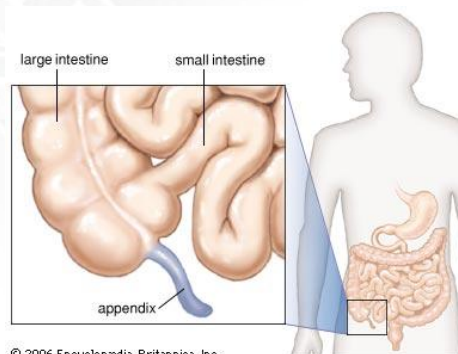


www.wikipedia.org

69

# The Lower GI Tract

- Large intestine
  - Cecum
    - Connects ileum with ascending colon

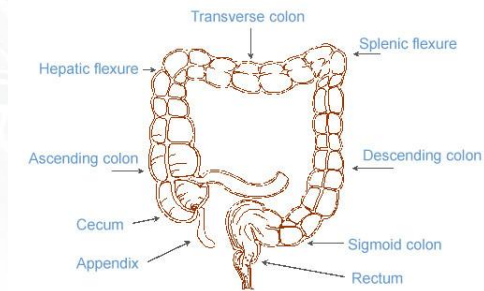


© 2006 Encyclopædia Britannica, Inc.

70

## The Lower GI Tract

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

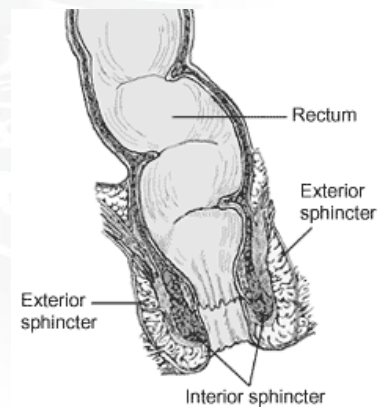


www.statemaster.com

71

## The Lower GI Tract

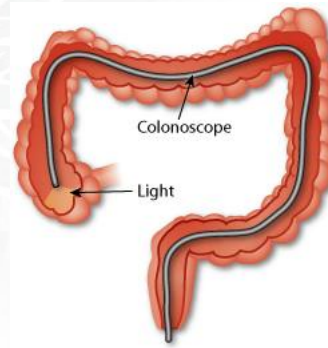
- Rectum
  - Final portion of large intestine
- Anus
  - External opening of rectum



72

## Lower Gastrointestinal Endoscopy

- Colonoscopy
  - Endoscopic examination of the colon
    - Rectum to cecum
    - May include examination of the terminal ileum
- CPT® code range
  - 45378 - 45392



73

## 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

[www.medicalcriteria.com](http://www.medicalcriteria.com)

74

# 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

75

# 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

76

## 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



77

## 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

78

# 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



www.cmdrc.com

# 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



81

## 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



82

## 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

83

## 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



84

## Colonoscopy

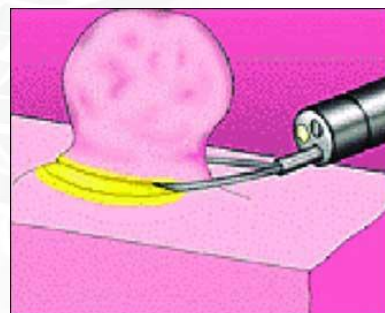
- 45384 – Colonoscopy with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery
  - Removes and cauterizes polyp/lesion at same time
  - Report only once per colonoscopy



85

## 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



[www.jpp.krakow.pl](http://www.jpp.krakow.pl)

86

# 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



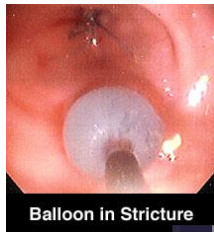
87

## Colonoscopy with Balloon Dilation

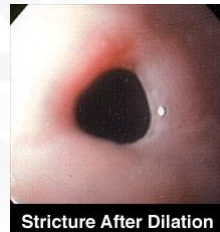
- Procedure
  - Balloon passed through working channel of colonoscope
  - Placed under direct vision (TTS)
  - Balloon expanded
  - Balloon deflated and removed



Narrow Colon Stricture



Balloon in Stricture



Stricture After Dilation

88

## 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

89

## 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

90

## Colonoscopy with Stent Placement

- Types of colonic stents
  - Wallstent Enteral
  - Ultraflex Precision
  - Z Stent



91

## Resource/Reference List

- CPT® Assistant June 2010, Volume 20, Issue 6, page 4
- CPT® Assistant October 2008, Volume 18, Issue 10, page 6
- CPT® Assistant, January 2004, Volume 01, Issue 14, pages 4-25
- CPT® Assistant, February 1999, Volume 02, Issue 9, page 11
- CPT® Assistant, December 1997, Volume 12, Issue 7, page 11
- CPT® Assistant, Spring 1994, Volume 01, Issue 4, pages 1-11

92

## Resource/Reference List

- [www.cookmedical.com](http://www.cookmedical.com)
- [www.bcbsms.com](http://www.bcbsms.com)
- [www.informmedicalcme.com](http://www.informmedicalcme.com)
- [www.giejournal.org](http://www.giejournal.org)
  - Gastrointestinal Endoscopy Volume 66, No. 1: 2007;  
Sclerosing Agents for use in GI Endoscopy
- [www.supercoder.com](http://www.supercoder.com)
- [www.medicalcriteria.com](http://www.medicalcriteria.com)
- Gastroenterology Coding Alert/2010, Vol. 12, No. 4



93

## Thank you for joining us today!

**Health Information Partners®**

Telephone (866) 622-8300

Web: [HIP-inc.com](http://HIP-inc.com)

Laurette Pitman RN, CCS, CPC-H, CGIC

[lpitman@hip-inc.com](mailto:lpitman@hip-inc.com)

*Coding Compliance Auditing - Education - Coding Support - Interim HIM  
Management - Correct Claim Resolution – ICD 10 Training*



94