

Anesthesia Coding Alert

Reader Question: Follow Payer Rules for Colonoscopy That Shifts From Screening to Diagnostic

Question: I'm looking for some insight into how to utilize the new anesthesia codes for GI endoscopy when a screening turns diagnostic. I'm also interested to know how to report anesthesia when the patient has both an EGD and a screening colonoscopy during the same session. What do you recommend?

Arizona Subscriber

Answer: Coding guidelines can differ according to the insurer in question.

For example, Medicare directs you to use anesthesia code 00811 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified) with modifier PT (Colorectal cancer screening test converted to diagnostic test or other procedure) when the patient's procedure starts as a screening and turns diagnostic.

For private insurers, unless they follow Medicare guidelines or have a policy similar to Medicare, you may report 00812 (Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy) unless otherwise specified. CPT® coding guidelines offer a clue to this tactic by noting, "Report 00812 to describe anesthesia for any screening colonoscopy regardless of ultimate findings."

If the patient has both an EGD and a screening colonoscopy during the same encounter, report 00813 (Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum) and append modifier 33 (Preventive services).