Internal Medicine Coding Alert

You Be the Coder: Screening Colonoscopy Cannot Be Completed

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: A 75-year-old female patient with a history of gastrointestinal bleeding requested a screening colonoscopy, rather than the flexible sigmoi-doscopy we had done in previous years, because she wanted to have the entire colon evaluated. Our physician ordered a screening colonoscopy.

After a rectal exam with no masses noted, the physician inserted the scope but had difficulty intubating the colon. He made several unsuccessful attempts and finally decided to withdraw the scope. No lesions were noted, and no biopsies were performed. The doctor states finding as "normal mucosa to the level of the sigmoid colon." Which codes should we use?

South Carolina Subscriber

Answer: There are two answers to this question, depending on whether the patient's "history of gastrointestinal bleeding" is a continuing problem or a problem that occurred in the past and has resolved.

If the bleeding is a continuing problem perhaps it recurs every four to six weeks then her signs and symptoms meet the criteria for a diagnostic colonoscopy. Use CPT code 45378 (Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen[s] by brushing or washing, with or without colon decompression [separate procedure]) and append modifier -53 (Discontinued procedure) to show that the colonoscopy was not completed. The diagnosis code is 578.9 (Hemorrhage of gastrointestinal tract, unspecified).
However, if the bleeding occurred in the past and has resolved, the colonoscopy is considered a screening procedure because previous gastrointestinal bleeding does not meet Medicare's criteria for high risk of developing colon cancer. In that case, you code the attempted colonoscopy using HCPCS code G0121 (Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk) and append modifier -53 to indicate the procedure was not completed. The diagnosis code is V76.51 (Special screening for malignant neoplasms; colon).

Note: Any time you perform a screening flexible sigmoidoscopy or screening colonoscopy on a Medicare patient, you should have the patient complete an advance beneficiary notice (ABN). The patient described in this question has undergone flexible sigmoidoscopy previously, but information is not given on when this was last performed. Medicare will not cover her screening colonoscopy if it has been less than four years since her last screening flex sig. In 2001, Medicare began paying for a screening colonoscopy every 10 years for people 50 and older who are not at high risk for colorectal cancer, as long as the patient has not had a screening flexible sigmoidoscopy in the past 48 months.