

Part B Insider (Multispecialty) Coding Alert

COLONOSCOPIES: Once a Screening, Always a Screening, CMS Says

Your colonoscopy procedure code may change, but the dx won't

CMS has clarified that if a physician finds a polyp or other abnormality during a screening colonoscopy, you should nevertheless cite the screening V-code diagnosis as primary. In fact, even if the physician removes the polyp, the exam remains a -screening- under ICD-9 guidelines.

-This new CMS directive is a relief,- says **Heather Corcoran**, coding manager at **CGH Billing** in Louisville, Ky. -The issue of how to report a -screening-turned-diagnostic- has confused a lot of practices, so a clarification was badly needed.-

For Medicare patients, you should report G0121 (Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk) for an average-risk patient receiving a screening colonoscopy, or G0105 (Colorectal cancer screening; colonoscopy on individual at high risk) for a high-risk patient.

Pick your dx: You will assign a V code as the primary diagnosis with any screening colonoscopy. For low-risk patients, you should cite V76.51 (Special screening for malignant neoplasms; colon).

When reporting G0105, however, you must supply evidence to support the patient's high-risk status. Some diagnoses that Medicare considers high-risk factors for colorectal cancer, and therefore justify a high-risk screening, include V10.05 (Personal history of malignant neoplasm; large intestine), V12.72 (Personal history of colonic polyps), and V16.0 (Family history of malignant neoplasm; GI tract).

When a screening exam uncovers a polyp, you will turn away from the G codes to report the procedure, and instead select an appropriate category I CPT code.

Example: The physician begins a screening colonoscopy for an average-risk Medicare patient. She then finds a polyp, which she biopsies.

In this scenario, you should choose 45380 (Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple), without any modifiers, rather than G0121.

In other words: If, during the screening colonoscopy, the physician detects a lesion or growth that results in a biopsy or removal of the growth, you should bill--and be paid for--the appropriate diagnostic procedure (45380) rather than G0121.

An important point to remember, however--and the subject of the recent CMS clarification--is that you should retain the initial V code as the primary diagnosis, even if the physician finds a polyp and performs a diagnostic colonoscopy during the screening exam.

-Whether or not an abnormality is found, if a service to a Medicare beneficiary starts out as a screening examination (colonoscopy or sigmoidoscopy), then the primary diagnosis should be indicated on the form CMS-1500 (or its electronic equivalent) using the ICD-9 code for the screening examination,- states Medicare Learning Network (MLN) Matters article SE0746, -Coding for Polypectomy Performed During Screening Colonoscopy or Flexible Sigmoidoscopy.-

This scenario assumes that an asymptomatic patient presents for a screening colonoscopy or flexible sigmoidoscopy, and during the subsequent screening colonoscopy or flexible sigmoidoscopy the physician identifies an abnormality (such as a polyp) that he then biopsies or removes.

Report the polyp dx as secondary: The official ICD-9-CM -Coding Guidelines- stipulate, -A screening code may be a first-listed code if the reason for the visit is specifically the screening exam Should a condition be discovered during the screening, then the code for the condition may be assigned as an additional diagnosis- [emphasis added].

Example: During a screening exam for a patient at average risk of colorectal cancer, the physician discovers a polyp and performs a biopsy. In this case, you would report an appropriate diagnostic colonoscopy code (such as 45380).

You'll then report V76.51 as your primary diagnosis, says **Randall Karpf of East Billing** in East Hartford, Conn. You may cite the polyp diagnosis (for instance, 211.3, Benign neoplasm of other parts of digestive system; colon) as a secondary diagnosis.

Primary resource: You can view MLN Matters SE0746 online at www.cms.hhs.gov/MLNMattersArticles/downloads/se0746.pdf.