

## Part B Insider (Multispecialty) Coding Alert

### CPT 2011: 91117, 91013 Give You A Much-Needed Digestive System Coding Boost

**Plus: CPT 2011 has revised esophageal pH monitoring codes.**

Gastroenterology coders have long been frustrated by the lack of colon motility study codes, but CPT fixed those woes this year when CPT 2011 debuted a new code for a manometric study, along with two revised codes for esophageal pH monitoring. Check out the following quick advice to discover how to incorporate these changes into your every day coding functions.

#### Discover How to Use Two New Manometric Study Codes

If you perform manometric studies, you'll need to pay close attention to the following two new codes for these services:

91117 -- Colon motility [manometric] study, minimum 6 hours continuous recording [including provocation tests, e.g., meal, intracolonic balloon distension, pharmacologic agents, if performed], with interpretation and report)

91013 -- Esophageal motility [manometric study of the esophagus and/or gastroesophageal junction] study with interpretation and report; with stimulation or perfusion during 2-dimensional data study [e.g., stimulant, acid or alkali perfusion] [List separately in addition to code for primary procedure])

Background: "There was a high request from pediatrics for a colon motility study code with a minimum of 6 hours of recording," explained **Joel V. Brill, MD, AGAF, CHCQM**, American Gastroenterological Association, AMA/Specialty Society Relative Value Update Committee (RUC) Advisory Committee Member along with **Glenn D. Littenberg, MD, FACP**, American Society of Gastrointestinal Endoscopy, AMA CPT Advisory Committee Member in their presentation "Gastroenterology" at the CPT and RBRVS 2011 Annual Symposium.

Important: CPT 91117 is just for the study itself, not for the same session with catheter placement. The radiologist may place the catheter in a prior procedure and the gastroenterologist may come in and out to supervise the testing and any provocations that are performed. Thus, you should include the provocations in the study and report 91117 only once no matter how many times the testing is done.

You can use 91013 in cases like assessment of the effect on the measured esophageal motility when the patient's esophagus is exposed to different stimulant liquids, says **Michael Weinstein, MD**, a gastroenterologist in Washington, D.C. The code also applies when intravenous medications are administered to try to produce symptoms. CPT 91010 is included in 91013 and would not be billed separately, he adds.

#### Revise The Way You Use 91034, 91035

Aside from introducing 91117 and 91013, CPT 2011 has revised esophageal pH monitoring codes to describe the site of attachment:

91034 -- Esophagus, gastroesophageal reflux test, with nasal catheter pH electrode[s] placement, recording, analysis and interpretation

91035 -- ...with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation

The revisions state that 91034 is for the nasal approach where the catheter goes through the nose and down the patient's neck to the monitor. The patient walks around for 24 hours wearing the device and recording her symptoms of

belching, pain, etc. "The device manufacturers found a way to directly attach the device into the nose without having to have a catheter through the nose," said Littenberg. He added that this is the patient-preferred approach.

The speakers discussed these guidelines to answer some frequently asked questions:

You can only bill the esophageal pH study once even if the physician does it for more than 48 hours.

If the physician placed the catheter in an ASC, the center cannot be involved in the staffing, physician work, or equipment. The office has to provide all those items and bill for them.

If the gastroenterologist does an office endoscopy for abnormalities and then places the capsule on same day, you may bill both the study 93015 and the scope (43235, Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen[s] by brushing or washing [separate procedure]) with modifier 59 (Distinct procedural service). "Often, you report 91035 on the day the telemetry recorder is taken off and that's not the same day as the scope and/or office visit," clarified Littenberg.