

## Part B Insider (Multispecialty) Coding Alert

### Endoscopy Coding: Prepare for CPT® 2014 Esophagoscopy Overhaul

#### Distinguish 'rigid' and 'flexible' scopes.

You'll need to "rewrite" your esophagoscopy reporting beginning Jan 1, 2014 because CPT® entirely rewrites the codes in that section of the CPT® manual.

With 12 new codes, two deleted codes, and 14 revised codes in the range 43191-43232, you have a lot to learn by the first of the year. Read on to make sure you're ready with our expert tips.

#### Differentiate Codes By Scope Type

Currently, when your surgeon performs an esophagoscopy, you report a code from the range 43200-43232 (Esophagoscopy, rigid or flexible...). That means that currently, you don't distinguish the codes based on scope type.

All that changes when CPT® 2014 goes into effect. Beginning Jan. 1, you'll have distinct codes for esophagoscopy based on whether the scope is rigid or flexible.

**Look back:** "The definition of the CPT® codes for esophagoscopy were determined a few decades ago when rigid esophagoscopy was still being performed, although it was very much on the decline even then," says Michael Weinstein, MD, former representative of the AMA's CPT® Advisory Panel.

"The rigid nature of the scope and limited visualization significantly increased the complexity and the risk of the procedure," Weinstein says. "With the development and refinement of larger channel flexible upper endoscopes, there is almost nothing that cannot be performed with a flexible instrument with less risk. When a rigid scope is needed for a procedure, then that service is not adequately described with the current codes and therefore not proportionately valued compared to standard esophagoscopy," Weinstein says.

**Look ahead:** "Splitting the flexible scope procedure from the rigid scope procedure [codes] will more accurately describe the procedure, value the services correctly, and allow for the tracking of utilization of each procedure," Weinstein explains.

Here are the two code families based on scope type:

- Six new codes 43191-43196 (Esophagoscopy, rigid ...)
- Seven new and 14 revised codes 43197-43232 (Esophagoscopy, flexible ...).

#### Then Check Approach, Additional Services

Existing esophagoscopy CPT® codes also don't distinguish the procedures by approach, but CPT® 2014 does. Beginning Jan. 1, you'll need to choose the procedure code based on the scope type and the approach: transoral or transnasal.

All rigid scope codes (43191-43196) describe a transoral approach. But the flexible scope codes are split by approach as follows:

43197-43198 □ ... transnasal ...

43200-43232 □ ... transoral ...

**Describe other services:** Within each code family distinguished by scope and approach, CPT® 2014 provides multiple

codes based on what additional services your surgeon performs, such as the following:

- Submucosal injections
- Biopsy
- Foreign body removal
- Balloon dilation
- Guide wire insertion
- Lesion removal by different techniques
- Stent placement.

Current CPT® codes describe many of these procedures, which is why many of the codes are revised (to distinguish scope and approach), rather than additional new codes being added.

#### Check Out New Instructions

In addition to many new and revised codes, CPT® 2014 provides some new instructions in the introduction and throughout this section. Make sure you learn what that's all about to ensure that you use these codes correctly.

In particular, you'll need to follow this advice:

- "When bleeding occurs as a result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session
- Know what esophagoscopy includes: "examination from the cricopharyngeus muscle (upper esophageal sphincter) to and including the gastroesophageal junction. It may also include examination of the proximal region of the stomach via retroflexion when performed." That instruction distinguishes these codes from codes in a new CPT® 2014 subsection titled "esophagogastroduodenoscopy"
- Remember that "surgical endoscopy always includes diagnostic endoscopy."

You'll also see new instructions throughout the section about which other codes you should or should not report in addition to a specific esophagoscopy code. For instance, a note following 43194 (Esophagoscopy, rigid, transoral; ... with removal of foreign body) states, "for radiological supervision and interpretation, use 74235."