

Part B Insider (Multispecialty) Coding Alert

GASTROENTEROLOGY: Reader Question--Two Codes Are Better Than One For Control Of Bleeding

Question: I received a claim that shows the gastroenterologist injected epinephrine into a duodenal ulcer to control active bleeding during endoscopy with biopsy (43239, ...with biopsy, single or multiple). Should I report 43239-22 for this procedure?

Colorado Subscriber

Answer: Instead of reporting 43239-22 and struggling to provide all the additional documentation that the payor will require for a modifier 22 claim, you can accurately describe this session by reporting 43239 for the biopsy and 43255 for the control of bleeding, says **Michael Weinstein, MD**, a gastroenterologist in Washington, DC, and a former member of the CPT advisory panel. Code 43255 accurately describes control of bleeding by "any method," including injection.

Keep in mind: You can't report control of bleeding if the gastroenterologist causes the bleeding, says **Linda Martien, CPC CPC-H**, a member of the AAPC's National Advisory Board. You should call on control-of-bleeding codes only "when treatment is required to control bleeding that occurs spontaneously, or as a result of traumatic injury, (noniatrogenic), and not as a result of another type of operative intervention," according to the **American Medical Association's (AMA)** Principles of CPT Coding.