

Part B Insider (Multispecialty) Coding Alert

New Codes: No More Unlisted Codes For Laparoscopic

The days of blind billing have passed you by

The wait is over for laparoscopic gastric bypass codes. Many providers have been struggling to bill for laparoscopic "stomach stapling" and other procedures using an unlisted code (see PBI, Vol. 5, no. 12, p. 83).

But CPT 2005 apparently includes two codes (43644-43645) for laparoscopic gastric restrictive procedures using roux-en-y gastroenterostomy and small intestine reconstruction respectively. It also includes another new gastric bypass code, 43845 (Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy [50 to 100 cm common channel] to limit absorption [biliopancreatic diversion with duodenal switch]).

Separately, CPT 2005 boasts two new codes for flexible colonoscopy proximal to the splenic flexure (45391-45392), including endoscopic ultrasound examination and transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy respectively.

These codes will cover procedures that are more than a flexible sigmoidoscopy but less than a true colonoscopy, says **M. Trayser Dunaway**, a general surgeon in Camden, SC.

Often, an endoscopist will perform a flexible sigmoidoscopy using a somewhat longer scope, which allows him or her to get further into the colon. But he or she will be unable to get past the splenic flexure, explains Dunaway. These codes will give the physician credit for getting further than a standard flexible sigmoidoscopy, but not quite a full colonoscopy, he adds.