

## Part B Insider (Multispecialty) Coding Alert

### Part B Coding Coach: Focus on Crohn's Coding: Diagnosis, Management, and Treatment Codes for Review

**Location is key to understanding these ICD-10 codes.**

Your Crohn's disease (ileitis or regional enteritis) claims can be particularly challenging if you're not familiar with all of its facets. Be sure to highlight your diagnosis, management, and treatment in your physician's report.

Here is a quick refresher to help guide your Crohn's disease coding.

#### **For Non-Med Patients, Use Consult Codes for Initial Visits**

In most instances, a patient with Crohn's disease will usually present to your gastroenterologist's practice as a referral patient from their primary care physician. If documentation states that the intent of the visit is for an opinion or advice about the patient's condition, then use consultation codes appropriate for the place of service. This initial visit should be considered as a consultation and should be reported using appropriate consultation codes 99241-99245 (Office consultation for a new or established patient ...).

Consultations also require three components: request for opinion, rendering of services, and reporting of opinion. If any one component is missing then you risk denials or 'take backs' of monies paid.

**Keep in mind:** As of Jan. 1, 2010, Medicare stopped recognizing consultation codes. They require new patient or established patient visits to be reported for the correct place of service.

If the patient has already been diagnosed with Crohn's disease prior to being referred, you still report the initial visit with the same consultation codes. If documentation states that the intent is a transfer of care for the given condition, then use appropriate new patient or established patient visit codes for the place of service. Transfer of care means that one physician has asked another physician, who has agreed, to take over care of a specified condition. The two physicians share the patient but have specific roles in the management of the patient's healthcare, experts say. Make sure you work closely with the physician to determine the appropriate code assignment.

#### **Look for Symptoms Indicative of Crohn's Disease**

"Symptoms of Crohn's disease can include chronic diarrhea (R19.7, Diarrhea, unspecified), chronic severe lower abdominal pain (R10.-, Abdominal and pelvic pain...), blood in stools (K92.1, Melena), chronic nausea without vomiting (R11.0, Nausea), and weight loss. Signs and symptoms should be reported until Crohn's disease is confirmed generally after a colonoscopy or radiologic study identifying abnormalities of the intestines.

#### **Report Tests Conducted for Diagnosis**

Your gastroenterologist might order various tests to confirm a diagnosis of Crohn's disease (K50.--, Crohn's disease [regional enteritis]...) before initiating any management of the condition. Your gastroenterologist might order simple blood tests to check for ESR and WBC counts.

Also, your gastroenterologist might also collect a guaiac-based fecal-occult blood test (FOBT) (82270, Blood, occult, by peroxidase activity [e.g., guaiac], qualitative; feces, consecutive collected specimens with single determination....) as this test is very helpful considering the sensitivity levels demonstrated to lower bowel bleeding.

### **Identify Colonoscopy Work**

Another diagnostic measure that your gastroenterologist will perform is a colonoscopy to check for signs of bleeding and inflammation. You can report this procedure with 45378 (Colonoscopy, flexible, diagnostic, including collection of specimen[s] by brushing or washing, when performed [separate procedure]).

If your gastroenterologist performs a biopsy, you can report the procedure with 45380 (Colonoscopy, flexible, with biopsy, single or multiple). You need not report an enteroscopy of the small bowel separately, if performed.

Based on the results of pathology reports and findings with colonoscopy, your gastroenterologist will arrive at the diagnosis of Crohn's disease. Depending on the location, you can report the diagnosis:

- K50.0-- □ Crohn's disease of small intestine
- K50.1-- □ Crohn's disease of large intestine
- K50.8-- □ Crohn's disease of both small and large intestine
- K50.9-- □ Crohn's disease, unspecified.

**Important:** Your fifth or sixth digits will specify whether the patient has no complications or if the patient does, what those complications are.

### **Check Treatment Options**

The first line of treatment for mild Crohn's disease will be lifestyle and dietary changes and with medications that contain mesalamine, an anti-inflammatory agent. If more moderate to severe Crohn's disease is identified, then immunosuppressant drugs that contain azathioprine or 6-mercaptopurine along with corticosteroids to help combat inflammation might be used. Many evidence-based studies show that with some of the more severe cases the best results are achieved with a combination of immunosuppressant medication along with biologic anti-TNF (tumor necrosis factor) agents (infliximab or adalimumab), says **Michael Weinstein, MD**, the Chair of Health Policy for DHPA.

**Surgery:** Your gastroenterologist might look into options such as colectomy or resection if the patient is not responding to conventional medications. If a patient fails all lifestyle changes and medical management options, then part of the colon can be removed and/or bypassed surgically, experts say. In these cases, patients may undergo resections to take care of the strictures/fistulas. If a patient undergoes colectomy, then you will need to report it with the appropriate code depending on the procedure conducted (44140-44160, Colectomy....).

**Chemo:** In patients with moderate to severe disease, your gastroenterologist might opt for providing an intravenous infusion of infliximab (Remicade) either in the office setting or at a hospital-based infusion center.

If your gastroenterologist is using Remicade in your own offices for management of the condition, you need to report the infusion procedure with 96413 (Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug), along with add-on code +96415 (Chemotherapy administration, intravenous infusion technique; each additional hour [List separately in addition to code for primary procedure]).

**Reminder:** You will also need to report J1745 (Injection infliximab, 10 mg) for the Remicade and J7050 (Infusion, normal saline solution, 250 cc) for every 250 cc of saline used to infuse Remicade.

