Part B Insider (Multispecialty) Coding Alert

Reader Question: Avoid Confusion Over Lavage and Cell Washing Reporting

Question: Bronchoscopy dictation states, "copious amounts of mucopurulent, brownish material noted in all airways. These were removed with suction and lavage, and samples were sent to lab for routine studies." Should this be coded as 31622?
Answer: Your physician may do a bronchoalveolar lavage with a diagnostic intent, though sometimes it may be done as a treatment for the underlying condition. This procedure is done for diagnostic purposes and is different than a therapeutic bronchoscopy done for removal of mucus plugs that may be causing atelectasis.

Bronchoalveolar lavage poses a coding challenge as there are two similar codes that look appropriate.

Although 31622 (Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed [separate procedure]) and 31624 (Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage) sound very similar and apt to report for bronchoalveolar lavage, you will need to seek bronchoalveolar lavage in specific in the operative notes to make sure one was performed.

Bronchoalveolar lavage is different in comparison to a cell washing procedure (captured by 31622). A bronchoalveolar lavage implies the instillation of "larger" quantities of saline than for a "simple" bronchial washing, often done as part of a diagnostic bronchoscopy to evaluate for malignancy in which a biopsy, bronchial brushings and washings are collected. The bronchoalveolar lavage is often done in patients with unexplained infiltrates in which an opportunistic infection is a part of the differential diagnosis.

According to National Correct Coding Initiative (NCCI), you need to avoid 31622 if there is any other code that better determines the procedure your pulmonologist has performed. This means that you should not use 31622 when other bronchoscopy procedures such as bronchoalveolar lavage are done. Instead, you only report 31624.

Tip: It is sometimes easy to identify the right code if you go through the procedure notes in detail. If your pulmonologist has performed a bronchoalveolar lavage, you will see the procedure notes carrying details such as "infused 75 ml of saline and suctioned back 30 ml of fluid". This you should report as 31624.