

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Bleeding Drives Gastric Varices Code Choice

**Question:** How should I report a surgeon's treatment of gastric or esophageal varices?

**Answer:** The code selection depends on how the surgeon treats the varices, which are enlarged blood vessels. Surgeons typically perform the work using one of two methods: endoscopic sclerotherapy and band ligation.

In the first step of endoscopic sclerotherapy, the surgeon passes a needle through an endoscope into the esophagus or stomach and injects the varices with a sclerosing agent that causes them to clot and stop bleeding.

With band ligation, the physician uses an endoscope with a ligator attached to wrap bands around the varices and cease blood flow. If the varices are bleeding when the surgeon performs either treatment, use 43255 (Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method) to report the service.

Varices are not always bleeding when your surgeon administers treatment, however. In such a case, the doctor may perform a prophylactic sclerotherapy or prophylactic banding to prevent any future bleeding incidents.

Use 43243 (Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal / gastric varices) to report the injection of sclerosis treatment into non-bleeding varices.

The surgeon may also perform a band ligation when the varices are not bleeding. Use 43244 (Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/ gastric varices) for band ligation of non-bleeding varices.