Part B Insider (Multispecialty) Coding Alert

Reader Question: CPT Does Not Include PEG Tube Removal Code

Question: Our gastroenterologist performed EGD on a patient on one day and colonoscopy along with PEG tube removal on the following day. I reported 43235 for the EGD and 45378 for the colonoscopy. However I am not too sure about how to code the removal of the PEG tube. I know that there is no removal code and it is usually included in the E/M codes.

Oregon Subscriber

Answer: You are right in reporting 43235 (Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen[s] by brushing or washing [separate procedure]) for the upper esophagealgastroduodenoscopy (EGD) procedure that your gastroenterologist performed and 45378 (Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen[s] by brushing or washing, with or without colon decompression [separate procedure]) for the colonoscopy performed on the following day.

As you have correctly surmised, there is no separate removal code for the removal of a PEG tube. If the PEG tube was removed and your gastroenterologist had no intention of placing another, then the removal becomes a part of the evaluation and management codes that you will be reporting for the visit.

One thing that you need to remember is that the tube removal is just a part of the E/M code that you are reporting and it should not become the basis for the level of E/M code that you are assigning for the visit. You should still assign the E/M level based on the standard components of history, examination and medical decision-making.

Since your gastroenterologist is conducting another procedure on the same day, it is best to use modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to the E/M code that you are reporting for the visit.