

Part B Insider (Multispecialty) Coding Alert

Reader Question: Pinpoint How to Code Varices Treatment

Question: What methods can gastroenterologists use to treat esophageal and gastric varices, and how should I report these services?

Answer: Gastroenterologists typically treat esophageal and gastric varices (enlarged blood vessels) using one of two methods: endoscopic sclerotherapy and band ligation.

In the first step of endoscopic sclerotherapy, the gastroenterologist passes a needle through an endoscope into the esophagus and injects the varices with a sclerosing agent that causes the varices 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 either treatment could be performed, use 43255 (Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method) to report the procedures.

Varices are not always bleeding when treatment is administered, 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 gastroenterologist 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.