

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Separate Session Could Mean You've Earned Billable Control of Bleeding

If you cover all of your bases, you may be able to report bleeding control separately -- but keep your eye on your modifiers

Question: I understand that you should include control of bleeding during a surgical procedure as a component of the primary surgical procedure and not bill it separately. However, we had to return a patient to the operating room for control of bleeding via a separate endoscope 24 hours later. Can we separately report that service?

**Answer:** If the surgeon tends to the patient only for control of bleeding, you may report the bleed control procedure separately.

For instance, for colonoscopy with control of bleeding that occurs independently of other endoscopic procedures in the same area, you would report 45382 (Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding [e.g., injection, bipolar cautery, unipolar cautery, laser, heather probe, stapler, plasma coagulator]).

Note that if control of bleeding occurs within the global period of an open surgical procedure, you will want to append modifier 78 (Un-planned return to the operating/procedure room by the same physician following initial procedure for a related procedure during the postoperative period) to the appropriate control-of-bleeding code.

Keep in mind, however, that CMS generally assigns endoscopic procedures a zero-day global period, so modifier 78 would never apply for control of bleeding following an endoscopic procedure.

If the control of bleeding occurs later on the same day as the initial endoscopic procedure, you would report the control-of-bleeding code with modifier 59 (Distinct procedural service) appended to indicate that the surgeon performed the service at a different session.

**Keep in mind:** You cannot report control of bleeding if the physician causes the bleeding. You should call on control-of-bleeding codes only "when treatment is required to control bleeding that occurs spontaneously, or as a result of traumatic injury (noniatrogenic), and not as a result of another type of operative intervention," according to the September 1996 issue of CPT Assistant.