Part B Insider (Multispecialty) Coding Alert

READER QUESTION:How Should You Report 2 Polyp Removals Performed at Separate Sessions

Hint: The answer depends upon whether the physician used the same type of technique during both procedures.

Question: A patient came into our ASC for a screening colono-scopy; the physician found and removed a polyp. The patient was discharged from the ASC, but on the way home, the patient stopped to go to the bathroom only to discover she was bleeding. She returned to the ASC the same day, and the physician performed another colonoscopy to control the bleeding. In the process, he removed another polyp. I know we can't charge for the control of

bleeding that the polyp removal caused. How should we code for this encounter?

Answer: If the physician uses the same technique to remove both polyps, you're going to code it with one procedure.

Two polyps, one technique: You should report code 45384 (Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor[s], polyp[s], or other lesion[s] by hot biopsy forceps or bipolar cautery) if the physician used hot biopsy forceps to perform the procedures.

No matter how many tumors, polyps, or lesions the doctor treats by the similar techniques, remember that the words "tumor(s), polyp(s), or other lesion(s)" in the descriptions of 45383, 45384, and 45385 signal that you're also restricted to reporting only one of these codes per colonoscopy.

Exception: When the surgeon uses different techniques, however, you can bill multiple tumor, polyp, or lesion removals, as long as you report each code only once per technique used.

Two polyps, two techniques: Suppose the surgeon used the snare technique to remove the first polyp and hot biopsy forceps to control bleeding during the second polyp removal. As long as documentation supports the need for using different

techniques on different polyps, you should report both 45385 (... by snare technique) and 45384 (... by hot biopsy forceps or bipolar cautery) for the procedures.