9 Anoscopy, Proctosigmoidoscopy, Flexible Sigmoidoscopy, and Colonoscopy

The focus of Chapter 9 is on anoscopy, proctosigmoidoscopy, flexible sigmoidoscopy, and colonoscopy procedures and all applicable recently revised guidelines for the CPT codes for these procedures.

Overview

There are multiple revisions in the CPT 2015 code set for the lower endoscopy section, such as clarification on the definition of proctosigmoidoscopy and sigmoidoscopy, and evaluation of ileoanal pouch, ileoscopy through ileostomy, colonoscopy through stoma and colonoscopy. However, the changes that apply to access through the anal approach will be discussed in this chapter, whereas those that apply to access ucMsUlne athis chapter

45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)

Table 9-3. CPT Codes for Sigmoidoscopy (45330-45350)

CPT Code	Code Descriptor
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)s) by brushing or washing, whs) by brush (en-US)/MCID 68 Sigmoidoscopy,witn-Uo1s51

Guidelines, Definitions, and Major Revisions for Colon Endoscopy

(**G0121** for average risk, **G0105** high risk) should be submitted with modifier **53**, which should be handled by the contractor as though code **45378** was submitted.

Note that screening examinations that become therapeutic (eg, a polyp is found and removed, a lesion biopsied, etc.) must be reported with special modifiers. If a screening procedure is converted into a therapeutic procedure, modifier **33** should be appended for the commercial payer and modifier **PT** for Medicare to trigger preventive benefits coverage. Appending the appropriate modifier for both Medicare and commercial payers, results in the deductible being waived. Commercial payers will also waive the copayment. Due to an oversight in the Affordable Care Act by Congress, Medicare beneficiaries are still responsible for paying the copayment when a screening colonoscopy also involves the removal of polyps or other tissue during the screening encounter. A legislative solution to this oversight has been repeatedly introduced but never passed by Congress. This is a top advocacy priority for ASGE. Unfortunately, this technicality in current law comes as a surprise to most patients, resulting in frustration by the patients when they receive a bill for the copayment of a screening colonoscopy that turned therapeutic. As of 2017, Medicare patients may also elect to have propofol sedation provided by anesthesia personnel for colorectal cancer screening exams, not limited by policies of restricted medical circumstances. Similar to the colonoscopy service, if screening becomes therapeutic the deductible but not the copayment for anesthesia services will be waived.

Major Revision 2

If therapeutic colonoscopy (**44389**-**44407**, **45379**, **45380**, **45381**, **45382**-**45398**) is performed and does not reach the cecum or colon-small intestine anastomosis, report the appropriate therapeutic colonoscopy code with modifier **52** appended and provide the appropriate documentation.

✔ *Coding Tips for Therapeutic Colonoscopy*

- The terminology "proximal to the splenic flexure" is no longer used; therefore, if the scope does not reach the cecum, modifier **52** should be appended to the claim. This applies to therapeutic procedures only (i.e., any colonoscopy codes in the family that are not the parent or diagnostic code).
- Physician documentation must clearly state how far the scope was inserted.
- Modifier **52** would be appended to the facility claim.

Modifier **52** provides a mechanism to report an incomplete procedure because the definition of a complete colonoscopy, as noted above, includes the passage of the colonoscope to cecum or colon-small intestine anastomosis. Ordinarily, modifier **52** is applied to a reduced service and at the discretion of the physician; and this would apply, for example, when a physician elects to deal with a lesion in the transverse colon (eg, endoscopic mucosal resection of a polyp or submucosal injection of a recent polypectomy site where cancer was identified in the polyp), but elects not to advance the scope to the cecum because the complete exam was done shortly before, and did not seem medically necessary. However, modifier **52** must also be reported when there is an involuntary inability to reach the cecum/small intestine anastomosis (eg, an obstructing lesion in transverse or ascending colon, anatomy variations prohibiting passage, excessive pain or physiologic instability developing before the exam is complete). The GI societies explained that, in many of these circumstances, the physician work is unusually complex if extra time and effort are expended in trying to negotiate a difficult colon. This leads to the peculiar circumstance in which a physician could report modifier **52**, based on the definition above, and modifier **22** for the same service to indicate the increased procedural services. Documentation must support the substantial additional work and the reason for the extra work. At this time, despite several years of the definitions in place, it is still unknown how Medicare or other payers are addressing the use of modifier **52** for any of these circumstances. Feedback to the GI societies about the unintended consequences from this direction from the CPT coding instructions is requested.

Rigid Scope Exams

Gastroenterologists rarely perform rigid scope exam of proctosigmoidoscopy and anoscopy. With few exceptions, gastroenterologists only report diagnostic proctosigmoidoscopy and anoscopy. For this reason, discussions regarding proctosigmoidoscopy and anoscopy in this chapter will be limited to single diagnostic codes (**45300**, **46600**) (Table 9-6). The modalities of therapy that apply to the sigmoidoscopy codes will be discussed within the section of colonoscopy codes **45378** et seq., because the nuances about coding colonoscopy procedures apply to the flexible sigmoidoscopy family of codes as well.

Code series **45303**-**45321** has the same structure as the anoscopy codes, including the distinction between the removal of single and multiple lesions having different codes, which differs from the upper GI endoscopy and colonoscopy families. Although the flexible sigmoidoscopy, colonoscopy, and colon through stoma codes had extensive revisions and RUC revaluation, the anoscopy and rigid sigmoid codes have not undergone this review.

Note that moderate sedation is considered inherent to the procedure for the more complex therapeutic codes and not for the base diagnostic code.

45300 *Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)*

Code **45300** should be used to report not only a visual inspection of the rectal mucosa, which may include brushings or washings if performed (eg, taking a swab for culture or viral testing), but a brushing of a possible viral or malignant lesion as well.

✔ *Coding Tips for 45300*

- The work for code **45300** is included in the sigmoidoscopy and colonoscopy codes. Only the most extensive endoscopic procedure should be billed.
- The work for code **45300** is bundled into every hemorrhoid procedure and, therefore, it should not be billed separately.
- Note that only the parent code never included moderate sedation, i.e., moderate sedation was never inherent to the procedure, and, if provided, the code **99152** would apply rather than **G0500** for Medicare or for commercial payers. (See Chapter 16 for more information about moderate sedation.)[1]

Table 9-6. CPT Codes for Anoscopy (46600-46615)

CPT Code	Code Descriptor
46000	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	Anoscopy; with biopsy, single or multiple
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple
46608	Anoscopy; with removal of foreign body

The **46610**-**46612** code series is non-traditional to gastroenterologists because there is a distinction between single lesion therapy and multiple lesion therapy. Although the single lesion therapy is reported with a different code for the snare cautery removal of a lesion, code **46612** applies to all of these modalities, including snare removal.[4]

Flexible Scope Exams: Sigmoidoscopy and Colonoscopy

Prior to 2015, description of sigmoidoscopy and colonoscopy refers to the intent of the original procedure and not just where the scope is advanced. Essentially, the previous CPT code set took into consideration the location or circumstances of the intended complete colonoscopy and even if the scope was not passed beyond the splenic flexure the procedure could still be reported as a colonoscopy albeit with a modifier appended. In contrast, since CPT 2015, guidelines on this section instruct that sigmoidoscopy is reported when the scope is not passed beyond the splenic flexure, regardless of intention. If the intention is to perform a colonoscopy, but the exam is not complete to the cecum or colon-small intestine anastomosis, then the colonoscopy should be reported with the appropriate modifier, depending on whether the exam was screening or diagnostic (modifier **53**, if incomplete, i.e., for unforeseen circumstances) or therapeutic or surgical (modifier **52**).

Sigmoidoscopy

The definitions were revised for CPT 2015 guidelines in the GI section are directly reproduced below and it is important to note the distinctions between the previous definitions and the current. (See Tables 9-1 to 9-2.)

- ***Sigmoidoscopy*** is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.
- ***Colonoscopy*** is the examination of the entire colon, from the rectum to the cecum, and may include examination of the terminal ileum or small intestine proximal to an anastomosis.
- Report flexible sigmoidoscopy (**45330**-**45347**) for endoscopic examination during which the endoscope is not advanced beyond the splenic flexure. Report flexible sigmoidoscopy (**45330**-**45347**) for endoscopic examination of a patient who has undergone resection of the colon proximal to the sigmoid (eg, subtotal colectomy) and has an ileo-sigmoid or ileo-rectal anastomosis.
- Report pouch endoscopy codes (**44385**, **44386**) for endoscopic examination of a patient who has undergone resection of colon with ileo-anal anastomosis (eg, J-pouch).
- Report proctosigmoidoscopy (**45300**-**45327**), flexible sigmoidoscopy (**45330**-**45347**), or anoscopy (**46600**, **46604**, **46606**, **46608**, **46610**, **46611**, **46612**, **46614**, **46615**) as appropriate for endoscopic examination of the defunctionalized rectum or distal colon in a patient who has undergone colectomy, in addition to colonoscopy through stoma (**44388**-**44408**) or ileoscopy through stoma (**44380**, **44381**, **44382**, **44384**) if appropriate.
- When bleeding occurs as a result of an endoscopic procedure, control of bleeding is not reported separately during the same operative session.

Note that the instruction control of bleeding is not a new idea; it is common to all endoscopy code series that underwent terminology revision from 2012 to 2014. This change in terminology is meant to clarify frequently asked questions.

45330 *Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)*

*(Do not report **45330** in conjunction with **45331-45342, 45346, 45347, 45349, 45350**)*

✔ *Coding Tips for 45330*

- Codes **45330** and **45331**