



Welcome to the January issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are focusing on coding for screening colonoscopies. Read on below to learn more.

Coding for Screening Colonoscopies

In This Issue

- Coding for Screening Colonoscopies

Quick Links

[Maxim Health Information Services](#)

[Career Opportunities for Coders](#)

[Submit Your HIM/Revenue Cycle Need](#)

About Maxim Health Information Services

Maxim Health Information Services (MHIS) provides superior quality [coding and auditing services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to customers to meet their needs in an efficient and cost-effective manner. MHIS has some of the best [career opportunities](#) in the

Screening Colonoscopy Q & A

The Balanced Budget Act of 1997 addressed the coverage of screening procedures for Medicare patients including screening colonoscopies. A decade later, these codes and guidelines still hold confusion for many coders. This article will address issues regarding screening colonoscopy codes: G0105, Colorectal cancer screening; colonoscopy on individual at high risk and G0121, Colorectal screening; colonoscopy on individual not meeting criteria for high risk.

Q: When is a colonoscopy a "screening?"

A: A screening is performed for early cancer detection in the absence of signs, symptoms and complaints. Sometimes a physician will order a screening colonoscopy and document GI symptoms or complaints. In this case, the colonoscopy should be coded as diagnostic rather than a screening.

Q: When is a patient at high risk?

A: High risk is defined as a patient with any of the following:

- Personal or family history of colon cancer
- Personal or family history of colon polyps
- History of inflammatory bowel disease including Crohn's.

Q: What if a patient presents for a screening colonoscopy and a polyp is found and removed via snare?

A: Even though a polyp is detected, the principal diagnosis code will remain V76.51, Special screening for malignant neoplasms, colon. The code for the polyp is sequenced as a secondary code. However, the procedure code assignment is affected. Assign

industry, with positions including on-site coding, remote coding, travel coding, auditing, and more.

45385 only. The screening colonoscopy code is not assigned as an additional procedure code.

Example: A 66 year old female presents for the first time for a screening colonoscopy. The colonoscope is advanced into the cecum, on withdrawal a polyp is identified in the sigmoid colon and removed via snare.

Assign V76.51 Special screening for malignant neoplasms, colon, as the primary diagnosis, 211.3 for the polyp and procedure code 45385 colonoscopy with removal of polyp by snare. G0121 would not be assigned in this case.

Q: A provider begins a screening colonoscopy, but because of extenuating circumstances, cannot complete the procedure and the patient is discharged. The patient returns two days later and the screening colonoscopy is completed. Can both procedures be billed and will they be reimbursed by Medicare?

A: For the incomplete colonoscopy, modifiers -73 or -74 must be applied to indicate the procedure was interrupted. Screening colonoscopies G0105 and G0121 are subject to frequency limitations (high risk patients once every 24 months and non-high risk once every 10 years). Medicare will not apply the frequency standard on cases when modifier 73 or 74 is applied, because it would preclude the beneficiary from obtaining a covered complete colonoscopy.

Example: A 65 year old male is undergoing a screening colonoscopy. After sedation the physician notes a poor prep and terminates the procedure. The patient returns the next day and the screening colonoscopy is completed to the cecum without difficulty.

Assign V76.51 and G0121-74 for the attempted screening and V76.51 and G0121 for the completed procedure.

To learn more about Maxim Health Information Services, visit us [online](#) or call 866-265-0589.

Past issues of Maxim Coding Corner are available online! Visit [the Coding Corner page](#) on our Website to download Coding Corner issues you may have missed.



This [CoolerEmail](#) was delivered to you by Maxim Health Information Services. You can [take your email address off Maxim Health Information Services' email list](#), or [update your preferences and/or send comments to Maxim Health Information Services](#). If you request to be taken off Maxim Health Information Services' email list, Maxim Health Information Services will honor your request pursuant to [CoolerEmail's](#) permission-based email terms and conditions. Postal address: 25200 Chagrin

Boulevard, Suite 109, Beachwood, OH 44124

Powered by [CoolerEmail](#)