

## Screening Colonoscopies

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Medica has received numerous questions pertaining to the coding of screening colonoscopies. The following information is therefore provided in an effort to address some of the confusion surrounding these claims. Sources include various CMS publications, the “Coding Clinic for ICD-9-CM,” and the current “ICD-9-CM Official Guidelines for Coding and Reporting.”

It is particularly important that coders are familiar with and apply the ICD-9-CM Official Guidelines, which have been jointly developed by The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS) – two departments within the Department of Health and Human Services. Due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), most health plans are required to follow the ICD-9-CM Official Guidelines that were effective October 16, 2003. Following these guidelines will not only ensure correct coding but will also help to facilitate the accurate payment of claims.

The correct assignment of diagnosis codes is particularly important for screening colonoscopies because the codes assigned determine whether or not preventive or medical benefits are applied. While preventive benefits are applied to screening colonoscopies, (reported with a screening ICD-9-CM V-code) non-preventive benefits are applied for colonoscopies reported with diagnosis codes for specific illnesses, signs or symptoms (without a screening V-code).

The ICD-9-CM Official Guidelines provide the following directions for determining whether or not a service is being performed for screening or diagnostic purposes:

- Screening is the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease.
- The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test.

### How various situations should be coded

**a) The patient is seen in the outpatient clinic for a colonoscopy due to family history of colon cancer. The patient has no personal history of gastrointestinal disease and is currently without signs and symptoms. The colonoscopy reveals no findings. How should this be coded?**

- V76.51 Special screening for malignant neoplasm colon
- V16.0 Family history of malignant neoplasm of gastrointestinal tract
- 45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression

**Note:** For Medicare products, code G0105 (*Colorectal cancer screening; colonoscopy on individual at high risk*) should be used.

According to the ICD-9-CM Official Guidelines:

- A screening code may be a first listed code if the reason for the visit is specifically the screening exam.
- Family history codes may be used in conjunction with screening codes to explain the need for a test or procedure.

**b) Same situation as above; however, a polyp was detected during the performance of the colonoscopy. The polyp was removed via snare polypectomy.**

V76.51 Special screening malignant neoplasm colon  
211.3 Benign neoplasm of colon  
V16.0 Family history of malignant neoplasm of gastrointestinal tract  
45385 Colonoscopy, flexible, proximal to splenic flexure with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

Code assignment should be based upon the reason for the encounter, not the findings revealed from the colonoscopy. According to the ICD-9-CM Official Guidelines:

- Should a condition be discovered during the screening, then the code for the condition may be assigned as an *additional* diagnosis.

**c) The patient is experiencing rectal bleeding and a colonoscopy is performed.**

569.3 Hemorrhage of rectum and anus  
45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression

Because the colonoscopy is being performed due to a symptom, this would be coded as a *diagnostic* colonoscopy. According to the ICD-9-CM Official Guidelines:

- The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test.

**d) An asymptomatic patient with a personal history of colon cancer (status post colectomy) presents for a colonoscopy. The colonoscopy shows no recurrence of the malignancy.**

V67.09 Follow-up examination following surgery  
V10.05 Personal history of malignant neoplasm, large intestine  
45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression

The ICD-9-CM Official Guidelines do not specifically address this situation. This information is therefore from “Coding Clinic” (first quarter 1995, page 4). Similar information is also presented in a recent “Coding Clinic” edition pertaining to mammograms (second quarter 2003, page 5).

### Further details

Additional information is also available through the following sources:

- “Program Memorandum Intermediaries/Carriers Transmittal AB-01-144” dated September 26, 2001 (Section E). Located on the Web at: [http://www.cms.hhs.gov/manuals/pm\\_trans/AB01144.pdf](http://www.cms.hhs.gov/manuals/pm_trans/AB01144.pdf)
- “Medicare Hospital Manual Transmittal 805” dated June 27, 2003 (Section E). Located on the Web at: [http://www.cms.hhs.gov/manuals/pm\\_trans/R805HO.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R805HO.pdf)
- “Medicare Hospital Manual Transmittal 769” dated February 13, 2001 (Section 456). Located on the Web at: [http://cms.hhs.gov/manuals/pm\\_trans/R769HO.pdf](http://cms.hhs.gov/manuals/pm_trans/R769HO.pdf)
- “ICD-9-CM Official Guidelines for Coding and Reporting” (effective October 1, 2003). Located on the Web at: <http://www.cdc.gov/nchs/data/icd9/icdguide.pdf>
- “Coding Clinic for ICD-9-CM.” Published quarterly by the American Hospital Association Central Office on ICD-9-CM. Subscriptions may be obtained by calling 1-800-261-6246 or on the Web at: <http://www.ahaonlinestore.com/default.asp?PCatID=4>

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