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Part B Insider (Multispecialty) Coding Alert

GASTROENTEROLOGY: You Be The Coder--Code Gastrostomy Tube Placements The Right Way Every Time

Scenario: Your surgeon performed a laparoscopic gastrostomy tube placement and laparoscopic fundoplication at the same time. Should you bill for each procedure separately, or simply report 43280 (Laparoscopy, surgical, esophagogastric fundoplasty [e.g., Nissen, Toupet procedures])?

Solution: You should report 43280 only. Laparoscopic gastrostomy tube placement differs from en-doscopic placement, so you should report such procedures using dedicated code **CPT 43653** (Laparoscopy, surgical; gastrostomy, without construction of gastric tube [e.g., Stamm procedure] [separate procedure]), says **Linda Martien, CPC, CPC-H,** coding, documentation and compliance specialist for National Healing Corp. in Mexico, Mo. However, you should not report 43653 separately if the surgeon performed a laparoscopic fundoplication at the same time.

Why? Code 43653 is designated as a "separate procedure." This means that if the surgeon performs any other laparoscopic services at the same time (such as gastric bypass or bowel resection, for instance), you can't report the code separately, Martien explains.

When you can bill: If the surgeon uses the laparoscope for the sole purpose of placing the gastrostomy tube, you may report 43653 separately.

Watch for bundles: Most commonly, surgeons will use the laparoscopic gastrostomy tube placement method if they already used the laparoscope for another procedure (such as to obtain a biopsy), says **Joshua T. Rubin, MD**, of the department of surgery, Division of Surgical Oncology at the University of Pittsburgh.

Helpful hint: "In my experience, the only time surgeons will employ the laparoscope for the sole purpose of placing a gastrostomy tube is when the patient cannot swallow an endoscope due to some technical reason," Rubin says.