Part B Insider (Multispecialty) Coding Alert

ANESTHESIA MYTHBUSTER: Good Documentation Can Be Your Lifeline For A-Lines

Your carrier may require modifier 59

Myth: You can never bill separately for arterial lines (A-lines) if your doctor is already providing global anesthesia services.

Reality: You can bill for A-lines (36620 and 36625) separately when the anesthesia provider places the line, says **Kelly Dennis** with **Perfect Office Solutions** in Leesburg, FL.

The **American Society of Anesthesiology-s** statement on intravascular procedures says that placement of an arterial catheter (36620) should never be included in the global anesthesia fee, notes **Karen Glancy**, director of coding with Anesthesia Management Partners in Chicago. Also, Medicare's Correct Coding Initiative policy manual on anesthesia indicates 36620 is not a bundled service, she adds.

Exceptions: In some locations, other clinical personnel may place the A-line, Dennis notes. In that case, the medical record should note which provider actually placed the line. The A-line may also be in place when the patient begins surgery, in which case the record should say the line was -in situ,- or already in place.

Different practices and facilities may have their own policies on when a patient should receive an A-line, notes Dennis.

Modifier: If your carrier insists on denying the A-line as part of the global anesthesia package, you can attach modifier 59 to identify it as a separately billable service, Dennis adds. Some local carriers have policies which specifically call for modifier 59 on A-line claims.

Documentation: Include the name of the physician or Certified Registered Nurse Anesthetist (CRNA) who placed the line; a description of the procedure, including the location of the line and the size of the needle; and complications, if any, says Dennis.

Check with your carrier: See if your physician can place an A-line while providing medical direction, Dennis advises. (For example, **Florida Medicare** says in a Q&A that a physician can place an A-line without violating the rules on medical direction.)

In the case of medical direction, the attending anesthesiologist must be -elbow-to-elbow- with the CRNA or resident who places the A-line, says Glancy. That means the attending anesthesiologist must be present and directing the line placement.