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Part B Insider (Multispecialty) Coding Alert

ANESTHESIOLOGY: Ensure Your Documentation Proves Anesthesiologist Placed A-Line

Fend off audits by looking for details of procedure

Is your documentation letting down your claims for arterial lines (A-lines) during surgeries? Our quick checklist could save your bacon.

You already know that you can bill an A-line in the same session as a global anesthesia service (see The Insider, Vol. 8, No. 33). But here are some tips to make your A-line documentation denial-proof:

- Make sure your documentation shows that the doctor **actually placed** the line, says **Kathy Bigelow**, with **Pasadena Billing Associates** in Pasadena, CA. Medicare will pay for the placement of A-lines but not the interpretation of them.

- Your documentation should also include **other details**, says **Karen Glancy**, director of coding with **Anesthesia Management Partners** in Chicago. Typical documentation will include the reason for the A-line, the preparation and technique, the catheter size, the catheter site (usually radial or femoral), the patient's position, the A-line's success or failure, and any complications.

These details will appear in the -remarks- section of the anesthesia record or on a separate sheet in the patient's medical record, notes Glancy.

In the case of medical direction, the attending anesthesiologist must document his presence during the placement of the A-line, Glancy adds.

- Look for **checkboxes**. Most anesthesia report forms have an area to list monitoring lines, with boxes for A-line, CVP, TEE, PA catheter and others, says Bigelow. Your physician should be checking the A-line box and provide a description of where he/she placed the line in the -remarks- section of the report.

-Personally, I like the narrative because there's written proof that the line was placed by the anesthesiologist,- says **Leslie Johnson**, a coding consultant in Fort Wayne, TX. But the checkboxes by themselves will probably be sufficient, she adds.

- **Check with your carrier** to make sure your carrier doesn't require modifier 59 when the A-line happens in the same session as global anesthesia services. Almost all carriers will accept 36620 without modifier 59, but one or two might have other ideas, says Glancy.

Similarly, most carriers will pay a flat fee for 36620, but a few may want to pay base units, says Glancy.

Note: An A-line is actually a surgical service, not an anesthesia service, so the carrier should usually pay for an A-line the same as any other surgical service.

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