

Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: 3 Must-Know Tips To Ensure Payment For 37215 And 36216

Attach modifier 59 only when catheter placement procedures are distinct

The **Office of Inspector General** is encouraging Part B carriers and Recovery Audit Contractors to monitor claims with modifier 59. This means you can expect to see an increase in both prepayment and postpayment audits for this modifier. Keep your catheter placement coding claims in the clear with this advice.

Problem: NCCI bundles 37215 (Transcatheter placement of intra-vascular stent[s], cervical carotid artery, percutaneous; with distal embolic protection) into 36216 (Selective catheter placement, arterial system; initial second-order thoracic or brachiocephalic branch, within a vascular family).

Do this: You should only unbundle the two by reporting 37215 and 36216-59 if the second-order catheter placement is on the opposite side of the neck--not in the carotid on the side where the stent was placed, says **Jackie Miller, RHIA, CPC**, senior consultant for Coding Strategies Inc. in Powder Springs, Ga.

Procedure: To determine whether you can use the two codes, rather than just 37215, make certain your documentation supports the following items.

- 1. Confirm that the procedures you claim are distinct and weren't performed at the same session, the same anatomic site, and/or through the same incision.
- 2. Append modifier 59 to the second code only, rather than to the primary service code or both codes. In the example above, you should apply modifier 59 to 36216 to separate the NCCI edit. Code 36216 is the secondary code.
- 3. Be certain you're reporting the correct code. This may sound obvious, but 7 percent of the incorrect modifier 59 claims the OIG audited used the wrong code.

Resource: For more information on proper uses of modifier 59, see a recent CMS article on the topic under "Downloads" at www.cms.hhsgov/NationalCorrectCodInitEd/01overview.asp.