

Part B Insider (Multispecialty) Coding Alert

Catheterizations: Radiologists, Cardiologists Fight Catheter Bundling Edits

CMS insists 36140/31620 'not supported' for selective catheterization

A National Correct Coding Initiative edit that has challenged many cardiologists and radiologists could be on its way out, if radiology specialty societies get their way.

NCCI version 9.3, issued last fall, treats nonselective catheterization as a component of selective catheterization (see PBI, Vol. 4, No. 23). The Society of Interventional Radiology and the American College of Radiology "will be opposing these edits and CMS' position regarding this issue," says **Dawn R. Hopkins**, SIR's senior manager for reimbursement.

According to its Web site, SIR recently received a letter from the Centers for Medicare & Medicaid Services stating that you could use a modifier to override NCCI edits forbidding the use of nonselective catheterization codes 36120-36140 (Introduction of needle or intracatheter ...) and a selective catheterization code, under one of two circumstances. Either the provider must perform the nonselective and selective catheterizations through two separate catheters into two different arteries, or they must happen at two separate encounters on the same date of service.

CMS also stated that the use of 36120-36140 to report a "selective" catheterization when the aortic bifurcation is crossed, in conjunction with a selective catheterization code, is "not supported." SIR has recommended this coding combination in the past.

"CMS also thinks that if a provider performs a procedure along the path of a nonselective catheterization, followed by further advancement of the catheter to perform a selective catheterization, the provider should not bill for the nonselective catheterization, since the catheter passes through the vessel in order to perform the selective catheterization," a CMS official told The Coding Institute.

Hence a new approach, for example, when the cardiologist performs a bilateral lower-extremity study from a femoral puncture site with the catheter tip positioned in each of the lower extremities: Before, you'd have used 36140 for the ipsilateral side, along with a selective catheter placement code (36245-36247) for the cath placement on the contralateral side (the extremity artery opposite the access point).

This coding approach had widespread acceptance, says **Deb Ovall**, lead coder and data quality analyst with Medical College Hospitals of Ohio at Toledo. But "the logic actually feels a little weak now," she says.