Codify
BY AAPC

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Don't Let Catheter Coding Mistakes Drain Your Reimbursement

Tip: Check to see whether an E/M code is appropriate for cath removals.

Even if catheterizations are commonplace in your office, the coding for catheter insertions and removals has many nuances that can trip you up. Take a look at these expert tips to ensure youre capturing every catheter procedure dollar your physician deserves.

Choose From 3 Insertion Codes

When your physician performs a catheter insertion, youll choose from three codes, says **Christy Shanley, CPC,** billing manager for the University of California, Irvine department of urology. Look at thefollowing codes:

" 51701 -- Insertion of nonindwelling bladder catheter (e.g.,straight catheterization for residual urine)

" 51702 -- Insertion of temporary indwelling bladder catheter;simple (e.g., Foley)

" 51703 -- & complicated (e.g., altered anatomy, fractured catheter/balloon).

You should only use 51701 for non-indwelling catheter procedures. Simple catheter insertion, drainage, and immediate catheter withdrawal fall into this category,Shanley says. However, if the physician inserts an indwelling catheter (such as a Foley catheter), report either 51702 or 51703. You should use 51703 for difficult catheterizations, such as when the patient has altered anatomy (for example, a urethral stricture, a false passage, or a bladder neck contraction), and the doctor uses a catheter guide, passes the catheter over a guide wire, or uses a special technique such as using a Council-tipped or Coude catheter to insert a Foley catheter.

Example: The doctor meets a 64-year-old female patient at the hospital; the patient reports burning during urination and pelvic pain. To rule out a urinary tract infection (UTI), the physician performs a bladder catheterization. Notes indicate that the physician used a quick catheter kit to obtain the sample using standard sterile technique. No UTI was present.

In this scenario, the quick catheter indicates that the doctor performed a straight catheterization. On the claim, report 51701 for the catheterization. Use 788.1 (Dysuria) and 625.9 (Unspecified symptom associated with female genital organs) appended to 51701 to represent the symptoms.

Use code 51701 when the doctor catheterizes a patient to obtain clean urine for a urinalysis or urine culture for non-Medicare payers. When billing this procedure for Medicare patients, use code P9612 (Catheterization for collection of specimen, single patient, all places of service) for the catheterization. Payers reimburse $3.00 as opposed to $61.67 for 51701 (unadjusted 2009 Medicare fee schedule). Remember that Medicare will reimburse you for 51701 when the doctor uses the catheter to obtain a residual urine determination.

Tip: Remember that the CPT codes for catheter placement (51701, 51702, and 51703) include the cost of a catheter that you supply from your supply stock. You should not submit a bill for separate reimbursement to the patient or to your DME carrier.

In addition, you should not ask the patient to purchase a catheter for the next catheter change. Keep in mind that many payers also include the cost of a leg bag given to the patient in the catheterization fees.

Simple Removal Is not Reimbursable

There is not a specific CPT code for the simple removal of a catheter. With catheters, removal is inherent to the insertion and not separately billable.

The allowance for the removal of a catheter is included in the allowance for insertion of a catheter, says **Alexis Ann Blakley, CPC, PMCC,** practice administrator for RTR Urology in Venice, Fla. So if you insert a catheter, you cannot charge for its removal. Even if some one else inserted the catheter, and your doctor removed it, there is no special CPT code or charge for the removal.

Good news: When your doctor performs a catheter removal in the office, you may be able to report an appropriate E/M code,such as an established patient office visit (99211-99215). **Note:** Even if another physician inserted the catheter -- for example, an emergency room physician performed the catheter insertion -- you may be able to charge an E/M service for removing the device.

If the patient had the catheter inserted in the emergency room, and the ER instructs the patient to come to the office for catheter removal and a voiding trial, then we charge a 99211 for the clinical persons time under whichever supervising physician is in the office, Blakley explains.

Pitfall: You may be tempted to report 52310 (Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder [separate procedure]; simple) or 52315 (&complicated) when your physician removes a catheter. However, these codes include cystoscopy and would be inappropriate for just the removal of a urethral catheter.

Include Related Catheterization in Surgery

The Correct Coding Initiative (CCI) bundles catheterization codes 51701-51703 into an astounding number of surgical procedures, including transurethral resection of the prostate (TURP) (52601, Transurethral electrosurgical resection of prostate, including control of postoperative bleeding,complete...). Most of the edits are due to non-mutually exclusive standards of medical/surgical practice. You may use a modifier whenappropriate to override many of the edits. However, there would be few clinical circumstances when you would need to bypass these edits with a modifier.

Impact: If you use a catheter to obtain a sterile urine specimen prior to surgery and bill a surgical procedure on the same day, such as a TURP, most insurers, including Medicare, will deny 51701 as part of the surgery.