

Part B Insider (Multispecialty) Coding Alert

Size Up Your 2nd- and 3rd- Order Cath Skills

1 Code or 2? The answer may surprise you

Now that you've read up on cath coding rules in -Here's How Vascular Families Can Vary Your Selective Cath Coding Choices,- test your skills with this selective cath question.

Question: My surgeon performed a catheterization of the right vertebral (third order) and left vertebral (second order) from femoral access. How should I report this?

Answer: You should report both catheterizations because these are different vascular families. The two codes you'll use are 36217 (Selective catheter placement, arterial system; initial third-order or more selective thoracic or brachiocephalic branch, within a vascular family) for the right vertebral and 36216 (- initial second-order thoracic or brachiocephalic branch, within a vascular family) for the left vertebral.

Modifier round-up: A few years ago, Medicare changed the bilateral procedure status of codes 36215-36217. You should not use modifiers RT (Right side), LT (Left side) or 50 (Bilateral procedure) with these codes. But because the national Correct Coding Initiative still bundles each of the first-, second- and third-order catheter placements into each other, you should still use modifier 59 (Distinct procedural service). In other words, you would submit 36217 and 36216-59.