

## Part B Insider (Multispecialty) Coding Alert

### UROLOGY: Make Sure Your Documentation Justifies An Extra \$100 Per Procedure

Correct Coding Initiative hits catheterization, prostate surgery hard

**Heads up:** October's update to the Correct Coding Initiative, version 13.3, bundles 51701-51703 with a whopping 4,638 codes each.

You can use a modifier to override these edits, but you'll need a good reason to justify billing 51701-51703 separately with most surgical and diagnostic codes.

You'd mostly use 51701 for a temporary catheter insertion when the patient is having trouble voiding urine or the doctor wants to measure post-voiding residual urine. You're unlikely to need to bill 51701 separately during a procedure, says urologist **Michael Ferragamo**, clinical assistant professor of urology at **State University of New York, Stony Brook**.

**Exception:** If the physician performs a nephrectomy, and then later in the day the patient is retaining urine, you could bill for the catheter separately, says Ferragamo.

-I only unbundle them when they are done at a separate session or for a different reason from the procedure,- says **Kelly Young**, a coder with **Scottsdale Center for Urology** in Scottsdale, AZ.

**For example:** The physician does a cystourethroscopy to look at a mass, stone or other item in the bladder. Then the patient has a problem in the ureter or urethra later in the day, and the doctor has to insert, or reinsert, a catheter

You would use 51702 and 51703 for a temporary indwelling catheter, notes Margaret Atkinson, business manager with Centennial Surgery Center in Voorhees, NJ. If your physician inserts one of these catheters, you should ask why. Is it related to the surgical procedure? Or does the doctor routinely place a catheter at the end of all of his/her procedures? In these cases, you wouldn't unbundle 51702.

**But:** If the doctor typically doesn't place a catheter at the end of procedures, then there may be a good reason to bill an unusual catheter separately. Perhaps something happened during the procedure or the doctor found something wrong, says Atkinson.

**Watch for:** You use 51703 for a -difficult catheterization,- which requires extra physician skill and work, says **Alice Kater** with **Allied Physicians of Michiana** in South Bend, IN. If the physician has trouble catheterizing a patient during a procedure, -I append modifier 22 to the surgical CPT and send a brief note and a copy of the operative report to substantiate my request for additional reimbursement,- she says.

#### Don't Bill for Prostatectomy Until You Read This

**Prostate surgery hit hard:** A set of mutually exclusive edits targets prostate surgery codes 52601-52648 and 53850-53853. These codes all become mutually exclusive with prostatectomy codes 55801-55845.

Also, 52606-52648 and 53850-53853 will become mutually exclusive with 52601 as well as each other. And 52606-62648 also become mutually exclusive with prostate destruction codes 53850-53852.

Also, 55801-55810 and 55821-55831 become mutually exclusive with 55840-55845. And 55821-55831 also become mutually exclusive with most of the other prostatectomy codes. To complete the total ban, 55840-55845 are mutually exclusive with some of the lower-level prostatectomy codes.

**Bottom line:** If you're billing for prostate surgeries, you won't be able to bill for prostate destruction or prostatectomy on the same day--even with a modifier.

**For example:** If your surgeon first tries to do a prostate resection, and then later decides to remove the whole prostate, you may have to bill for just the removal.