

Part B Insider (Multispecialty) Coding Alert

UROLOGY: Watch Out For Trouble Signs -- And Add An Extra \$62 To Your Reimbursement

Just because some other doctor had trouble, doesn't mean your urologist gets a bonus

Question: When should you use 51703 instead of 51702? Medicare pays around \$153 for 51703, as compared with \$92 for 51702. Many coders may be missing out on this extra reimbursement because they always default to the lower-paying code, say experts. You can bill 51703 when the doctor has a harder time with a temporary catheterization.

Sometimes the doctor may have trouble inserting a catheter because the patient has an enlarged prostate or urethra stricture, says **Diane Brooks**, a coder with **Montgomery Hospital** in Norristown, PA. Also, the catheter or balloon may become fractured.

Watch out for situations where the physician:

- **has to pass** the catheter over a guide wire, or push in a catheter guide first, to help the catheter go in, says **Michael Ferragamo**, clinical assistant professor of urology at **State University of New York**, Stony Brook.

- **uses a Coude** catheter instead of a straight catheter, or an apparatus such as a Heyman dilator or a Council-tipped catheter, says **Alice Kater** with **Allied Physicians of Michiana** in South Bend, IN.

- **has to inject** lubricating jelly or novocaine jelly down the urethra

- **tries a few** different catheter sizes before one finally goes in

- **can't get the catheter out** and has to cut the inflation limb. For example, if the balloon won't deflate because the valve isn't working, the doctor may have to break the valve to let out all the fluid.

The **American Urological Association** cautions that you shouldn't use 51703 when another doctor has trouble inserting a catheter, and then a urologist comes in and inserts a catheter with ease, notes Kater. -The determination of difficulty should be made by the physician who successfully inserts the catheter,- the AUA Web site notes.

You should avoid two things with catheterization code 51701:

- Don't bill for the catheter separately when you bill 51701 in the hospital, Ferragamo warns. Medicare pays much less for 51701 in the hospital than in the office, because the hospital is supplying the catheter.

- Don't use 51701 to bill Medicare for collecting a urine specimen, says Ferragamo. Medicare has a separate code, P9612, for urine sample collection. P9612 pays only about \$3, unfortunately. The carriers -don't want to pay \$70 or \$90 just to get a specimen,- says Ferragamo. But many private payors will pay 51701 for specimen collection, he notes.