

## Outpatient Facility Coding Alert

### Reader Question: Consider A4300 or A4301 if Payer Prefers HCPCS Codes

**Question:** Is there a HCPCS code to correlate with CPT® code 36556? Our payer denies the claim when the anesthesiologist places the line on the same day of surgery. They say we need to submit a HCPCS code instead. What's the best option?

Wyoming Subscriber

**Answer:** Most payers agree that anesthesiologists can report -- and be reimbursed for -- central line placement (along with arterial line and Swan-Ganz catheter placements) in addition to the surgical anesthesia. If the payer in question takes that stance, you can usually report 36555 (Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age) or 36556 (... age 5 years or older) for central lines (CVPs).

If the payer insists that you report HCPCS codes for line placements, consider A4300 (Implantable access catheter [e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.] external access) or A4301 (Implantable access total catheter, port/reservoir [e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.]). Before submitting your claim, check the payer's guidelines to verify that using A4300 or A4301 is correct. Note that the HCPCS A-codes represent supply items and not procedures.

**Contract reminder:** Some payers believe that the base units for anesthesia procedures include line placements, which means they won't separately reimburse the service. Remember line insertions when you negotiate carrier contracts and include Swan-Ganz, central and arterial line placements as payable services.