Modifier Coding Alert

Reader Questions: Key On 'Family' When Choosing Multi-Catheter Placement Modifier

Question: An established patient reports to the surgeon for scheduled arterial catheter placement. During the procedure, the surgeon needs to place another catheter in the brachiocephalic branch of another vascular family. How should I report this scenario?

Oregon Subscriber

Answer: As long as your physician is placing catheters in separate vascular families, you can code for each catheter placement ⬚ with some help from modifier 59 (Distinct procedural service).

On the claim, you should first report 36215 (Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family) for the initial catheter placement.

Next, report 36216 (… initial second order thoracic or brachiocephalic branch, within a vascular family) for the brachiocephalic branch catheter placement. Append modifier 59 to 36216 to show that the catheter placements were for separate vascular families. (Note: If your payer is having you use the new X modifiers, you may need to attach modifier XS [Separate structure] instead of 59.)

The Correct Coding Initiative (CCI) bundles 36216 into 36215. The bundle carries a modifier indicator of "1." That means there are instances when you can override the edit, such as using modifier 59 to indicate services in different vascular families.

Documentation alert: To better guarantee claim acceptance, it is important for the surgeon to clearly document the different vascular family.

According to CPT® Assistant, in order to code catheterization procedures correctly, you must be familiar with the anatomy of the vascular system ⬚ especially the particular vascular family of each vessel Also, you must know the puncture site, or the vascular access, and the final position(s) of the catheter.