# Implantable Ventricular Catheter Reservoir


## CPT® Assistant.

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Coding Communication:Implantable Ventricular Catheter Reservoir

The implantable ventricular catheter reservoir (eg, Ommaya reservoir) is used to treat malignant brain tumors, drain the buildup of ventricular fluid, measure the presence of cerebrospinal fluid (CSF), and obtain samples for testing.

CSF surrounds the brain and spinal cord. An implantable ventricular catheter reservoir can be used to administer medications directly into the CSF because IV medications cannot reach that area. The ventricular catheter reservoir is a port or domelike device with a small catheter attached, which is placed surgically under the scalp. The catheter goes through a small round opening made in the skull and then into the part of the brain where the CSF is located.

The ventricular catheter reservoir is inserted by the surgeon under general anesthesia and is covered with dressings. After the incision heals, there is usually a small bump on the head where the port is located. The physician or other qualified health care professional who is trained in the use of the ventricular catheter reservoir can use the device to instill medications. The ventricular catheter reservoir requires minimal special care, and patients can generally continue all normal every day activities with the reservoir in place.

The code for placement of a ventricular catheter reservoir is *61210, Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)*. In 2007, the descriptor for code 61210 was revised to reflect advancements in technology related to twist drill and burr hole catheter and device implantation for the cerebral and intracranial monitoring of diverse physiologic parameters including intracerebral oxygenation, blood flow, and temperature. In addition, with this revision, it was determined that CPT code 61210 should be reported one time only, regardless of the number of holes created or electrodes implanted to complete the procedure.

Clinical Vignette (code 61210)

A 45-year-old man has a severe closed head injury with a Glasgow Coma Scale of 6 and no focal or lateralizing signs. The CT scan performed at admission shows no hematomas or shift but obliteration of the basal cisterns. Intracranial pressure monitoring with capability for drainage of ventricular fluid is desired. A frontal ventriculostomy catheter is implanted and attached to an external monitoring and collection system.

 

Intraservice Description (code 61210)

A frontal scalp incision is made under local anesthesia. A twist drill hole is made, and a ventriculostomy catheter is introduced into the anterior horn of the lateral ventricle. The catheter is tunneled beneath the scalp for about 1-2 cm and then brought to the surface via a small stab wound. The catheter is connected to a pressure transducer and drainage tubing system. The system is calibrated to ensure patency of the catheter. The scalp is then closed and dressings are applied.

A new code Category III code, *0169T, Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)*, was added in 2007 to describe placing catheters into the brain for convection-enhanced delivery (CED) of chemotherapy into the brain parenchyma surrounding a tumor resection cavity. This is a new procedure that describes a method to deliver drugs or agents to the brain and bypass the blood-brain barrier. CED delivery of drugs and other agents into the brain has been in development for over ten years and has been used in humans for eight years. It is not appropriate to report CPT code 0169T to describe ventricular catheter reservoir placement.

It should be noted that CPT code 61210 does not account for the work of stereotactic planning. In the clinical circumstance in which a ventricular catheter reservoir is placed with stereotactic placement of an infusion catheter, both codes 61210 and 0169T should be reported.

In 2008, CPT code 61210 was removed from the list of modifier 51 exempt codes (Appendix E in the CPT codebook) and appears without the modifier 51 exempt symbol. This indicates that modifier 51 may be appended to CPT code 61210. CPT code 61210 does not meet the new Modifier 51 Exemption-Inclusion Criteria approved by the CPT Editorial Panel. Because modifier 51 exempt codes are typically adjunctive or reported with other procedure( s), the amount of pre- and postservice time associated with these codes is minimal, and the use of modifier 51 to signify a value reduction would be inappropriate (refer to the AMA publication *Medicare RBRVS: The Physicians' Guide 2008* for information on service time and work relative values). The data obtained from the AMA's RVS Update Committee (RUC) indicated that code 61210 has significant pre- and postservice time associated with it. Consequently, code 61210 was omitted from Appendix E and is applicable to modifier 51 as defined.

 