

Cardiology Coding Alert

Catheterization: Understand 93503's Purpose So Your Reimbursement Doesn't Take a Dive

Don't overlook opportunities to report Swan-Ganz catheterization.

When your cardiologist places a Swan-Ganz catheter not in conjunction with cardiac catheterization, you may finally see your chance to use 93503 (Insertion and placement of flow directed catheter [e.g., Swan-Ganz] for monitoring purposes). Keep these points in mind to be sure your coding is on track.

Know Its Purpose: Hemodynamic Monitoring

A Swan-Ganz catheter (SGC) is designed for specific hemodynamic monitoring and central access. Your provider can use the SGC to monitor pulmonary artery (PA) pressure, plus measure cardiac output and other cardiovascular functions. The catheter has multiple ports for central circulation access, including a regional anesthesia (RA) port, PA port, CVP port, and possibly the main line or "introducer."

You should not report 93503 with diagnostic cardiac catheterization codes, according to CPT® guidelines. Use 93503 "for placement of a flow directed catheter (e.g., Swan-Ganz) performed for hemodynamic monitoring purposes not in conjunction with other catheterization services," the guidelines state.

Know Its Alias: PA Catheter

A Swan-Ganz catheter is also known as a pulmonary artery or PA catheter, says **Kelly Dennis, MBA, ACS-AN, CANPC, CHCA, CPC, CPC-I**, owner of Perfect Office Solutions in Leesburg, Fla. If your provider documents placement of a PA catheter that you believe is reportable, you'll submit 93503.

Know Its Bundles: CVP Line, Arterial Line

When the provider places an SGC line, he runs (or threads) it through the central venous pressure (CVP) line. So when he inserts the CVP line as part of the procedure of inserting an SGC, payers consider the CVP line a component of the line placement and do not reimburse it separately (such as 36556, Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older). Only the Swan-Ganz line is reimbursable, unless you have clear documentation that the physician placed the lines during different encounters or at different sites.

There are many instances where the physician will use both a CVP line and a Swan-Ganz catheter in the same heart case for different reasons.

Example: Your physician places a Swan-Ganz line to monitor cardiac output and places a CVP line separately because of the need for multiple central vein IV access.

If the medical record shows two separate lines for the procedure, you can code both and expect separate reimbursement. Report 93503 and 36556. Because you need to show that the CVP line is separate, append modifier 59 (Distinct procedural service) to 36556. In place of modifier 59, XE (Separate encounter) or XS (Separate structure) may be appropriate, depending on the circumstances, for Medicare or other payers who accept these modifiers. If the insertion sites are different, this is an obvious indication that the CVP was separate from the SGC.

Arterial line difference: You usually can separately report arterial line placement, if you have supporting documentation. If your provider places an arterial line along with a Swan-Ganz, you can bill for both placements. Report the arterial line with 36620 (Arterial catheterization or cannulation for sampling, monitoring, or transfusion [separate

procedure]; percutaneous).

Keep in mind: In many procedures, the anesthesiology provider performs the line placement. You should only report these services for your cardiologist if the cardiologist actually performed them.