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Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: Learn How To Capture Additional Catheter, Stent Codes

Don't get lost in the arterial system and miss important codes

You can lose up to 50 percent of your reimbursement for catheterizations and stents if you're not paying attention, says **Jim Collins**, a consultant with **CardiologyCoalition.com.** Apply the following advice--and make sure you don't lose out on half your due.

What you're missing: You may be overlooking important signs that your physician catheterized more selectively than it first appears. Or you could be missing an add-on code for an additional stent, say experts. Practices often lose out on both these scenarios.

Handy tip: It's best to have two training sessions, one for your physician and one for your coding staff, advises Collins. If the doctor isn't documenting fully or the coder doesn't understand the documentation, then you could kiss half your payments goodbye.

Catheterization: Don't Discount Complex Code

You can miss a more selective cathterization if your cardiologist performs it after a less-selective one, says **Deborah Ovall**, lead coder and data quality analyst at **University Medical Center of Ohio** at Toledo.

Example: Say your physician starts out in the common iliac and injects some dye, but it doesn't "light up" the part of the leg the physician wants to reach. So then your doctor advances the catheter into the superficial femoral. "You can't always get the whole leg from the common iliac, [which is] the very top of the leg," notes Ovall.

Watch out: You may be missing opportunities to code 75774, which is a more complex catheter code that you can bill only after you've already billed a base angiography, says Ovall. "A lot of people don't know how to use that code," she says.

Stenting: Look Out For Multiple Vessels

You may be missing chances to bill an additional stent placement code, such as **CPT 37206** or 37208, when your physician places stents in more than one vessel. Watch out for signs that your doctor is stenting more than one vessel.

"The name of the vessel has to change before you can put an additional code," explains Ovall. So you can't bill 37206 if your physician puts an additional, overlapping stent in a vessel that already has one. But if there are two blockages, and the physician places a stent and then advances to the next vessel, you can bill 37206.

Warning: There are a few cases where the name of the vessel changes, but it doesn't count as a new vessel for billing purposes. For example, the external iliac becomes the common femoral where it crosses the femoral bone, says Collins, but the vessel doesn't split, so you should treat it as the same vessel.

Arterial Chart Can Help Pinpoint Reimbursement

The **Cardiology Coalition** has developed a billing sheet with a diagram of all the arteries in the body, says Collins. Ask your physician to diagram on the chart which arteries he or she stented or catheterized. (The Coalition sells its chart for $200, but you can buy one elsewhere or make your own.)

Do this: "When you bill for your first selective catheterization in each vascular family, you want to bill the highest level

of selectivity with one of those codes that ends with five, six or seven," explains Collins. So you have to look at each vascular family and figure out the highest-order vascular family your physician went to.

"If the doctor backs up and then goes down a different passage, you're billing for that with one of those codes that ends with eight," adds Collins. These include 36218 (... brachiocephalic branch, within a vascular family) and 36248 (... abdominal, pelvic or lower extremity branch, within a vascular family).

Documentation pitfalls: Sometimes radiologists will try to streamline their documentation, warns **Jackie Miller**, senior consultant with **Coding Strategies** in Dallas, GA. The physician will write a list of selective catheter placements instead of a narrative that tells you what she actually did.

This makes it hard for you to tell whether the physician did any additional selective exams, or any additional procedures that aren't clear in the body of the report.

Example: The physician punctured both sides of the groin and then says she catheterized the left renal artery. You can't tell from that description whether the catheter in the left renal artery came from the left or right side, you just know where it ended up, says Miller. You don't know how far the physician had to travel to reach that artery, how many branchings she went past, or in what sequence. So you need to ask your physician for more detail.