

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-025  
**Subject:** Implantation of Subcutaneous Intravascular Catheter  
**Effective Date:** January 29, 2018      **End Date:**  
**Issue Date:** January 10, 2022      **Revised Date:** January 2022  
**Date Reviewed:** December 2021  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## REIMBURSEMENT GUIDELINES:

Surgical implantation of an intravascular catheter system is usually accomplished under local anesthesia. The catheter is inserted at the appropriate location and subcutaneously routed to the portal implantation site. The portal is implanted, connected with the catheter, and checked for patency and flow. Finally, the entire system is flushed with heparin to prevent thrombosis.

Implantation of a subcutaneous intravascular catheter is an eligible surgical procedure.

Subcutaneous intravascular catheter maintenance (e.g., flushing of a vascular access port) is eligible for reimbursement as a distinct and separate service.

Code 96523 represents catheter maintenance. Do not report code 96523 in conjunction with other services provided on the same day.

Port puncture (e.g. access) is considered part of a doctor's medical care and it is not eligible as a distinct and separate service when performed with medical services. If port puncture is reported on the same day as medical care, and the charges are itemized, reimbursement will only be made for the medical care. Payment for the medical care performed on the same date of service includes the allowance for the port puncture. When port puncture is performed independently, use procedure code 37799.

**Note:** The allowance for the removal of a central venous catheter (i.e. Hickman, Broviac) is included in the allowance for the placement of the catheter. See Medical Policy S-52 for more information.

Modifier 25 and FT Exception

**Modifier 25** may be reported with medical care to identify it as a significant, separately identifiable service from the port puncture.

**Modifier FT** may be reported to identify an evaluation and management (E/M) as an unrelated evaluation and management (E/M) visit during a postoperative period, or on the same day as a procedure or another e/m visit.

When the 25 or FT modifier is reported, the patient's records must clearly document separately identifiable medical care was rendered.

**RELATED HIGHMARK POLICIES:**

Refer to the following Commercial Medical Policies for additional information:

- S-52: Postoperative Services Following Definitive Surgery

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT

**POLICY UPDATE HISTORY INFORMATION:**

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT

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HISTORY VERSION

**Bulletin Number:** RP-025  
**Subject:** Implantation of Subcutaneous Intravascular Catheter  
**Effective Date:** January 29, 2018      **End Date:**  
**Issue Date:** November 1, 2021      **Revised Date:** July 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

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## REIMBURSEMENT GUIDELINES:

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Implantation of a subcutaneous intravascular catheter is an eligible surgical procedure.

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**Note:** The allowance for the removal of a central venous catheter (i.e. Hickman, Broviac) is included in the allowance for the placement of the catheter. See Medical Policy S-52 for more information.

Modifier 25 Exception

Modifier 25 may be reported with medical care to identify it as a significant, separately identifiable service from the port puncture. When the 25 modifier is reported, the patient's records must clearly document separately identifiable medical care was rendered.

**RELATED HIGHMARK POLICIES:**

Refer to the following Commercial Medical Policies for additional information:

- S-52: Postoperative Services Following Definitive Surgery

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS and XU

**POLICY UPDATE HISTORY INFORMATION:**

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy

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<b>Applicable Medicare Advantage Market</b>	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>		
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

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**Note:** The allowance for the removal of a central venous catheter (i.e. Hickman, Broviac) is included in the allowance for the placement of the catheter. See Medical Policy S-52 for more information.

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

*Modifier 25 Exception*

Modifier 25 may be reported with medical care to identify it as a significant, separately identifiable service from the port puncture. When the 25 modifier is reported, the patient's records must clearly document separately identifiable medical care was rendered.

**RELATED HIGHMARK POLICIES:**

Refer to the following Medical Policies for additional information:

- Commercial Policy S-52: Postoperative Services Following Definitive Surgery

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-009: Modifiers 25, 59, XE, XP, XS and XU

HISTORY