



Office Coding Reminders: Billing for Catheter Insertions by Physicians

Billing codes state that when you're planning to perform an in-office Foley Catheter insertion and you want to bill a payor for that procedure, you should use a catheter that your practice has purchased beforehand.

The three Current Procedural Terminology (CPT) codes below have been designated for both non-indwelling and indwelling catheters in patients. It is important to note that these codes all include the cost of the catheter to be inserted. Therefore, when planning such an insertion and billing one of these CPT codes below, it would lead to improper billing to have patients purchase the catheter and then bring it to the physician office for insertion.

The applicable CPT codes are:

CPT 51701 Insertion of non-indwelling bladder catheter; (eg, straight catheterization for residual urine)

Used when a non-indwelling catheter is inserted and removed for diagnostic purposes or post-voiding residual urine in the physician's office, and reimbursement under 51701 includes the insertion and the catheter itself.

CPT 51702 Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

Used when an indwelling catheter is inserted in the physician's office and the procedure is considered simple (versus complicated), and reimbursement under 51702 includes the insertion and the catheter itself.

CPT 51703 Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)

Used when an indwelling catheter is inserted in the physician's office and the procedure is considered complicated (versus simple), and reimbursement under 51703 includes the insertion and the catheter itself.

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