Dialysis Vascular Access
Coverage, Coding and Reimbursement Overview — Hospital Outpatient/ASC
2018 Edition — All Reimbursement Amounts are Listed at National Unadjusted Medicare Rates and Do Not Include the 2% Sequestration Reduction

**HOSPITAL OUTPATIENT OVERVIEW**

**Coverage**
- Medicare: A/B MAC/Fiscal Intermediary Local Coverage Determination/National Coverage Determination
- Medicaid: State Policies
- Commercial Insurance: Plan Design, Medical Policies, Patient Eligibility

**PROCEDURE**

**Device Code**

- **Graft, vascular**
  - C1768
- **Stent, coated/covered, with delivery system**
  - C1874

**Creation**

**Procedure**

- **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition**
  - 36818
  - 36819
- **by upper arm basilic vein transposition**
  - 36820
- **by forearm vein transposition**
  - 36821
- **direct, any site (eg, Cimino type) (separate procedure)**
  - 36822
- **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**
  - 36825
- **nonautogenous graft (eg, biological collagen, thermoplastic graft)**
  - 36830

**Imaging**

- **Injection procedure for extremity venography (including introduction of needle or intracatheter)**
  - 36005
- **Venography, extremity, unilateral, radiological supervision and interpretation**
  - 75820
- **Venography, extremity, bilateral, radiological supervision and interpretation**
  - 75822
- **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**
  - 93971

**Maintenance**

**Procedure**

- **Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)**
  - 36831
- **Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)**
  - 36832
- **with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)**
  - 36833
- **Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)**
  - 36838
- **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report**
  - 36901
- **with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**
  - 36902
- **with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**
  - 36903

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A. Listed are common procedures. Review CPT® coding guidelines, modifiers, and NCCI edits for these codes. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA).

B. Status Indicators: J1-Hospital Part B Services Paid Through a Comprehensive APC, N-Items and Services Packaged into APC Rates; Q2-T-Packaged Codes; S-Procedure or Service, Not Discounted When Multiple; T-Procedure or Service, Multiple Procedure Reduction Applies.

C. Rates are from CY 2018 Hospital Outpatient Prospective Payment System Final Rule, CMS-1678-CN, Centers for Medicare and Medicaid Services.

*Per CMS-1678-FC, device-intensive procedures require the reporting of a device HCPCS code. Device code reporting requirements apply.*
Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)

36904

with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36905

with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
36906

Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty

+36907

Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment

+36908

Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention

+36909

Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37224

Other

Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90940

Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
93990

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B. Status Indicators: J1-Hospital Part B Services Paid Through a Comprehensive APC; N-Items and Services Packaged into APC Rates; Q1-STV-Packaged Codes.

C. Rates are from CY 2018 Hospital Outpatient Prospective Payment System Final Rule, CMS-1678-CN, Centers for Medicare and Medicaid Services.
AMBULATORY SURGERY CENTER (ASC) OVERVIEW

**COVERAGE**

- Medicare
  - A/B MAC/Fiscal Intermediary Local Coverage Determination/National Coverage Determination
- Medicaid
  - State Policies
- Commercial Insurance
  - Plan Design, Medical Policies, Patient Eligibility

**CREATION**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>HCPCS/CPT® Code</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriovenous anastomosis, open; by upper arm cephalic vein transposition</td>
<td>36818</td>
<td>$2,222</td>
</tr>
<tr>
<td>by upper arm basilic vein transposition</td>
<td>36819</td>
<td>$2,222</td>
</tr>
<tr>
<td>by forearm vein transposition</td>
<td>36820</td>
<td>$2,222</td>
</tr>
<tr>
<td>direct, any site (eg, Cimino type) (separate procedure)</td>
<td>36821</td>
<td>$1,299</td>
</tr>
<tr>
<td>Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft</td>
<td>36825</td>
<td>$2,222</td>
</tr>
<tr>
<td>nonautogenous graft (eg, biological collagen, thermoplastic graft)</td>
<td>36830</td>
<td>$2,222</td>
</tr>
</tbody>
</table>

**Imaging**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>HCPCS/CPT® Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Injection procedure for extremity venography (including introduction of needle or intracatheter)</td>
<td>36005</td>
<td>Packaged</td>
</tr>
<tr>
<td>Venography, extremity, unilateral, radiological supervision and interpretation</td>
<td>75820</td>
<td>Packaged</td>
</tr>
<tr>
<td>Venography, extremity, bilateral, radiological supervision and interpretation</td>
<td>75822</td>
<td>Packaged</td>
</tr>
<tr>
<td>Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study</td>
<td>93971</td>
<td>Non-Covered</td>
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</tbody>
</table>

**MAINTENANCE**

<table>
<thead>
<tr>
<th>Procedure</th>
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</thead>
<tbody>
<tr>
<td>Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)</td>
<td>36831</td>
<td>$2,222</td>
</tr>
<tr>
<td>Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)</td>
<td>36832</td>
<td>$2,222</td>
</tr>
<tr>
<td>with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)</td>
<td>36833</td>
<td>$2,222</td>
</tr>
<tr>
<td>Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)</td>
<td>36838</td>
<td>Non-Covered</td>
</tr>
<tr>
<td>Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report</td>
<td>36901</td>
<td>$319</td>
</tr>
<tr>
<td>with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty</td>
<td>36902</td>
<td>$2,525</td>
</tr>
<tr>
<td>with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment</td>
<td>36903</td>
<td>$4,480</td>
</tr>
<tr>
<td>Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)</td>
<td>36904</td>
<td>$2,525</td>
</tr>
<tr>
<td>with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty</td>
<td>36905</td>
<td>$4,480</td>
</tr>
<tr>
<td>with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit</td>
<td>36906</td>
<td>$6,924</td>
</tr>
</tbody>
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B. Rates are from CY 2018 Ambulatory Surgical Center Payment System Final Rule, CMS-1678-CN, Centers for Medicare and Medicaid Services.
### AMBULATORY SURGERY CENTER (ASC) OVERVIEW

**ASC rates effective January 1, 2018 through December 31, 2018.**

#### MAINTENANCE

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<thead>
<tr>
<th>Procedure</th>
<th>HCPCS/CPT® Code</th>
<th>REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty</td>
<td>+36907</td>
<td>Packaged</td>
</tr>
<tr>
<td>Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment</td>
<td>+36908</td>
<td>Packaged</td>
</tr>
<tr>
<td>Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention</td>
<td>+36909</td>
<td>Packaged</td>
</tr>
</tbody>
</table>

#### Other

<table>
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</thead>
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<tr>
<td>Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method</td>
<td>90940</td>
<td>Non-Covered</td>
</tr>
<tr>
<td>Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)</td>
<td>93990</td>
<td>Non-Covered</td>
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