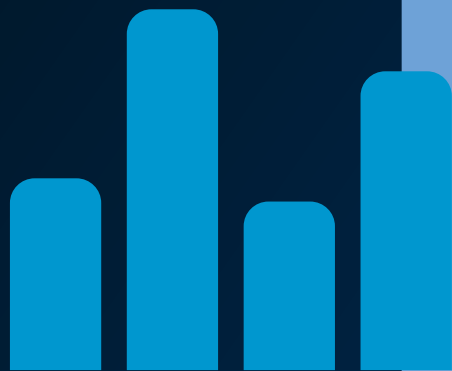


PHILIPS

Coding and Medicare
national payment guide

2018



Dialysis circuit procedures: arteriovenous (AV) fistula repair

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1 Hospital inpatient

Hospitals are reimbursed by Medicare for inpatient procedures and services under the FY2018 Inpatient Prospective Payment System (IPPS), which utilizes the Medicare Severity Diagnosis Related Group (MS-DRG) system.

1.1 Hospital inpatient diagnosis codes

Not an all-inclusive list. Refer to ICD-10-CM 2018: The Complete Official Codebook for additional codes. Depending on procedure performed, multiple codes may be reported.

ICD-10-CM ¹	Descriptor
I28.0	Arteriovenous fistula of pulmonary vessels
I77.0	Arteriovenous fistula, acquired
T82.318A	Breakdown (mechanical) of other vascular grafts, initial encounter
T82.328A	Displacement of other vascular grafts, initial encounter
T82.338A	Leakage of other vascular grafts, initial encounter
T82.398A	Other mechanical complication of other vascular grafts, initial encounter
T82.41XA	Breakdown (mechanical) of vascular dialysis catheter, initial encounter
T82.42XA	Displacement of vascular dialysis catheter, initial encounter
T82.43XA	Leakage of vascular dialysis catheter, initial encounter
T82.49XA	Other complication of vascular dialysis catheter, initial encounter
T82.510A	Breakdown (mechanical) of surgically created arteriovenous fistula, initial encounter
T82.510D	Breakdown (mechanical) of surgically created arteriovenous fistula, subsequent encounter
T82.510S	Breakdown (mechanical) of surgically created arteriovenous fistula, sequela
T82.514A	Breakdown (mechanical) of infusion catheter, initial encounter
T82.520A	Displacement of surgically created arteriovenous fistula, initial encounter
T82.520D	Displacement of surgically created arteriovenous fistula, subsequent encounter
T82.520S	Displacement of surgically created arteriovenous fistula, sequela
T82.524A	Displacement of infusion catheter, initial encounter
T82.530A	Leakage of surgically created arteriovenous fistula, initial encounter
T82.530D	Leakage of surgically created arteriovenous fistula, subsequent encounter
T82.530S	Leakage of surgically created arteriovenous fistula, sequela
T82.534A	Leakage of infusion catheter, initial encounter
T82.538A	Leakage of other cardiac and vascular devices and implants, initial encounter
T82.590A	Other mechanical complication of surgically created arteriovenous fistula, initial encounter
T82.590D	Other mechanical complication of surgically created arteriovenous fistula, subsequent encounter
T82.590S	Other mechanical complication of surgically created arteriovenous fistula, sequela
T82.594A	Other mechanical complication of infusion catheter, initial encounter

continued from 1.1 Hospital inpatient diagnosis codes

ICD-10-CM ¹	Descriptor
T82.598A	Other mechanical complication of other cardiac and vascular devices and implants, initial encounter
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
T82.818A	Embolism due to vascular prosthetic devices, implants and grafts, initial encounter
T82.828A	Fibrosis due to vascular prosthetic devices, implants and grafts, initial encounter
T82.838A	Hemorrhage due to vascular prosthetic devices, implants and grafts, initial encounter
T82.848A	Pain due to vascular prosthetic devices, implants and grafts, initial encounter
T82.858A	Stenosis of other vascular prosthetic devices, implants and grafts, initial encounter
T82.868A	Thrombosis due to vascular prosthetic devices, implants and grafts, initial encounter
T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter
T82.9XXA	Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter

1.2 Hospital inpatient procedure codes

Not an all-inclusive list. Refer to ICD-10-PCS 2018: The Complete Official Codebook for additional codes. Depending on procedure performed, multiple codes may be reported.

ICD-10-PCS ²	Descriptor
B34HZZ3	Ultrasonography of Right Upper Extremity Arteries, Intravascular
B34JZZ3	Ultrasonography of Left Upper Extremity Arteries, Intravascular
B34KZZ3	Ultrasonography of Bilateral Upper Extremity Arteries, Intravascular
B44FZZ3	Ultrasonography of Right Lower Extremity Arteries, Intravascular
B44GZZ3	Ultrasonography of Left Lower Extremity Arteries, Intravascular
B44HZZ3	Ultrasonography of Bilateral Lower Extremity Arteries, Intravascular
B44LZZ3	Ultrasonography of Femoral Artery, Intravascular
B54BZZ3	Ultrasonography of Right Lower Extremity Veins, Intravascular
B54CZZ3	Ultrasonography of Left Lower Extremity Veins, Intravascular
B54DZZ3	Ultrasonography of Bilateral Lower Extremity Veins, Intravascular
B54MZZ3	Ultrasonography of Right Upper Extremity Veins, Intravascular
B54NZZ3	Ultrasonography of Left Upper Extremity Veins, Intravascular
B54PZZ3	Ultrasonography of Bilateral Upper Extremity Veins, Intravascular
B3110ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using High Osmolar Contrast
B3111ZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Low Osmolar Contrast
B311YZZ	Fluoroscopy of Right Brachiocephalic-Subclavian Artery using Other Contrast

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
0377346	Dilation of Right Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device,
037734Z	Dilation of Right Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
0377356	Dilation of Right Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037735Z	Dilation of Right Brachial Artery with Two Drug-eluting Intraluminal Devices,
0377366	Dilation of Right Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037736Z	Dilation of Right Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0377376	Dilation of Right Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037737Z	Dilation of Right Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
03773DZ	Dilation of Right Brachial Artery with Intraluminal Device, Percutaneous Approach
03773E6	Dilation of Right Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach
03773EZ	Dilation of Right Brachial Artery with Two Intraluminal Devices, Percutaneous Approach
03773F6	Dilation of Right Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach
03773FZ	Dilation of Right Brachial Artery with Three Intraluminal Devices, Percutaneous Approach
03773G6	Dilation of Right Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
03773GZ	Dilation of Right Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach
03773Z6	Dilation of Right Brachial Artery, Bifurcation, Percutaneous Approach
03773ZZ	Dilation of Right Brachial Artery, Percutaneous Approach
0378346	Dilation of Left Brachial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
037834Z	Dilation of Left Brachial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
0378356	Dilation of Left Brachial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037835Z	Dilation of Left Brachial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
0378366	Dilation of Left Brachial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037836Z	Dilation of Left Brachial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
0378376	Dilation of Left Brachial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037837Z	Dilation of Left Brachial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
03783D6	Dilation of Left Brachial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
03783DZ	Dilation of Left Brachial Artery with Intraluminal Device, Percutaneous Approach
03783E6	Dilation of Left Brachial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach
03783EZ	Dilation of Left Brachial Artery with Two Intraluminal Devices, Percutaneous Approach

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
03783F6	Dilation of Left Brachial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach
03783FZ	Dilation of Left Brachial Artery with Three Intraluminal Devices, Percutaneous Approach
03783G6	Dilation of Left Brachial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
03783GZ	Dilation of Left Brachial Artery with Four or More Intraluminal Devices, Percutaneous Approach
03783Z6	Dilation of Left Brachial Artery, Bifurcation, Percutaneous Approach
03783ZZ	Dilation of Left Brachial Artery, Percutaneous Approach
037B346	Dilation of Right Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
037B34Z	Dilation of Right Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037B356	Dilation of Right Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037B35Z	Dilation of Right Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037B366	Dilation of Right Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037B36Z	Dilation of Right Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037B376	Dilation of Right Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037B37Z	Dilation of Right Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037B3D6	Dilation of Right Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
037B3DZ	Dilation of Right Radial Artery with Intraluminal Device, Percutaneous Approach
037B3E6	Dilation of Right Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach
037B3EZ	Dilation of Right Radial Artery with Two Intraluminal Devices, Percutaneous Approach
037B3F6	Dilation of Right Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach
037B3FZ	Dilation of Right Radial Artery with Three Intraluminal Devices, Percutaneous Approach
037B3G6	Dilation of Right Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
037B3GZ	Dilation of Right Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach
037B3Z6	Dilation of Right Radial Artery, Bifurcation, Percutaneous Approach
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach
037B3ZZ	Dilation of Right Radial Artery, Percutaneous Approach
037C346	Dilation of Left Radial Artery, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
037C34Z	Dilation of Left Radial Artery with Drug-eluting Intraluminal Device, Percutaneous Approach
037C356	Dilation of Left Radial Artery, Bifurcation, with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037C35Z	Dilation of Left Radial Artery with Two Drug-eluting Intraluminal Devices, Percutaneous Approach
037C366	Dilation of Left Radial Artery, Bifurcation, with Three Drug-eluting Intraluminal Devices, Percutaneous Approach
037C36Z	Dilation of Left Radial Artery with Three Drug-eluting Intraluminal Devices, Percutaneous Approach

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
037C376	Dilation of Left Radial Artery, Bifurcation, with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037C37Z	Dilation of Left Radial Artery with Four or More Drug-eluting Intraluminal Devices, Percutaneous Approach
037C3D6	Dilation of Left Radial Artery, Bifurcation, with Intraluminal Device, Percutaneous Approach
037C3DZ	Dilation of Left Radial Artery with Intraluminal Device, Percutaneous Approach
037C3E6	Dilation of Left Radial Artery, Bifurcation, with Two Intraluminal Devices, Percutaneous Approach
037C3EZ	Dilation of Left Radial Artery with Two Intraluminal Devices, Percutaneous Approach
037C3F6	Dilation of Left Radial Artery, Bifurcation, with Three Intraluminal Devices, Percutaneous Approach
037C3FZ	Dilation of Left Radial Artery with Three Intraluminal Devices, Percutaneous Approach
037C3G6	Dilation of Left Radial Artery, Bifurcation, with Four or More Intraluminal Devices, Percutaneous Approach
037C3GZ	Dilation of Left Radial Artery with Four or More Intraluminal Devices, Percutaneous Approach
037C3Z6	Dilation of Left Radial Artery, Bifurcation, Percutaneous Approach
037C3ZZ	Dilation of Left Radial Artery, Percutaneous Approach
037C3ZZ	Dilation of Left Radial Artery, Percutaneous Approach
03C23Z6	Extirpation of Matter from Innominate Artery, Bifurcation, Percutaneous Approach
03C23ZZ	Extirpation of Matter from Innominate Artery, Percutaneous Approach
03C73Z6	Extirpation of Matter from Right Brachial Artery, Bifurcation, Percutaneous Approach
03C73ZZ	Extirpation of Matter from Right Brachial Artery, Percutaneous Approach
03C83Z6	Extirpation of Matter from Left Brachial Artery, Bifurcation, Percutaneous Approach
03C83ZZ	Extirpation of Matter from Left Brachial Artery, Percutaneous Approach
03CB3ZZ	Extirpation of Matter from Right Radial Artery, Percutaneous Approach
03CC3ZZ	Extirpation of Matter from Left Radial Artery, Percutaneous Approach
03Q73ZZ	Repair Right Brachial Artery, Percutaneous Approach
03Q83ZZ	Repair Left Brachial Artery, Percutaneous Approach
05LD3ZZ	Occlusion of Right Cephalic Vein, Percutaneous Approach
05LD3ZZ	Occlusion of Right Cephalic Vein, Percutaneous Approach
05LF3ZZ	Occlusion of Left Cephalic Vein, Percutaneous Approach
05LF3ZZ	Occlusion of Left Cephalic Vein, Percutaneous Approach
05L33CZ	Occlusion of Right Innominate Vein with Extraluminal Device, Percutaneous Approach
05L33DZ	Occlusion of Right Innominate Vein with Intraluminal Device, Percutaneous Approach
05L33ZZ	Occlusion of Right Innominate Vein, Percutaneous Approach
05L43CZ	Occlusion of Left Innominate Vein with Extraluminal Device, Percutaneous Approach

continued from 1.2 Hospital inpatient procedure codes

ICD-10-PCS ²	Descriptor
05L43DZ	Occlusion of Left Innominate Vein with Intraluminal Device, Percutaneous Approach
05L43ZZ	Occlusion of Left Innominate Vein, Percutaneous Approach

1.3 FY2018 Hospital inpatient diagnosis related groups (DRG)

For dialysis circuit AV Fistula primary intervention procedure; assignment varies based on patient condition.

DRG	Descriptor	Payment ³
252	Other Vascular Procedures w/ MCC ⁴	\$19,486
253	Other Vascular Procedures w/ CC ⁵	\$15,277
254	Other Vascular Procedures without CC/MCC	\$10,924
673	Other Kidney & Urinary Tract Procedures w/ MCC ⁶	\$21,239
674	Other Kidney & Urinary Tract Procedures w/ CC ⁷	\$13,960
675	Other Kidney & Urinary Tract Procedures without CC/MCC	\$9,887

2 Hospital outpatient and ambulatory surgery center

Hospitals are reimbursed by Medicare for outpatient procedures and services under the Outpatient Prospective Payment System (OPPS), which utilizes the CY2018 Ambulatory Payment Classification (APC) system. Ambulatory Surgery Centers are reimbursed based on a percentage of the OPPS Payment Rates.

2.1 Hospital outpatient procedure and ASC procedure codes

CPT code ⁹	Descriptor	Outpatient hospital ⁸		ASC ⁸
		APC/Status indicator ¹⁰	Payment	Payment
Non-coronary intravascular ultrasound (IVUS)				
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addition to code for primary procedure)	N	\$0	\$0
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	N	\$0	\$0

continued from **2.1 Hospital outpatient procedure and ASC procedure codes**

CPT code ⁹	Descriptor	Outpatient hospital ⁸		ASC ⁸
		APC/Status indicator ¹⁰	Payment	Payment
Dialysis circuit				
36901*	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, inc 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, fluorosguidance, radiological supervision and interpretation and image documentation and report	5181/T	\$613	\$319
36902**	; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	5192/J1	\$5,085	\$2,525
36903**	; 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	5193/J1	\$10,510	\$4,480
36904*	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)	5192/J1	\$5,085	\$2,525
36905**	; with transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological supervision and interpretation necessary to perform the angioplasty	5193/J1	\$10,510	\$4,480
36906**	; 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	5194/J1	\$16,020	\$6,924
+36907**	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	N	\$0	N
+36908**	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	N	\$0	N
+36909*	Dialysis circuit permanent vascular embolization or occlusion (inc main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	N	\$0	N

*Approved for use with Visions PV Intravascular Ultrasound Catheter

**Approved for use with AngioSculpt PTA Scoring Balloon Catheter

2.2 HCPCS supply code

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals report C codes. While the supply codes are not paid separately from the procedure, the assignment of charges and reporting these supply codes identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary if they accept the use of these C codes.

HCPCS code	Descriptor	Device name	APC/Status indicator	Payment
C1725	Catheter, transluminal angioplasty, non-laser (may inc guidance, infusion/perfusion capability)	AngioSculpt PTA Scoring Balloon Catheter	N	\$0
C1753	Catheter, intravascular ultrasound	Visions PV Intravascular Ultrasound Catheter	N	\$0

3 Physician

Physician services are paid by Medicare based on the CY2018 Physician Fee Schedule.

3.1 Physician procedure codes - inpatient, outpatient, ASC and office

CPT code ⁹	Descriptor	Work RVU ¹¹	Facility payment ¹² (hospital or ASC)		Non-facility ¹² (in-office, OBL)	
			Payment	Total RVU ¹¹	Payment	Total RVU ¹¹
Non-Coronary intravascular ultrasound (IVUS)						
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addition to code for primary procedure)	1.80	\$95.76	2.66	\$1,398	38.83
+37253	; each additional non-coronary vessel (list separately in addition to code for primary procedure)	1.44	\$77.04	2.14	\$211	5.86
Dialysis circuit						
36901*	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, inc 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, interpretation and image documentation and report	3.36	\$176	4.90	\$611	16.98
36902**	; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	4.83	\$251	6.98	\$1,272	35.34

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**Approved for use with AngioSculpt PTA Scoring Balloon Catheter

continued from **3.1 Physician procedure codes – inpatient, outpatient, ASC and office**

CPT code ⁹	Descriptor	Work RVU ¹¹	Facility payment ¹² (hospital or ASC)		Non-facility ¹² (in-office, OBL)	
			Payment	Total RVU ¹¹	Payment	Total RVU ¹¹
36903**	; 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	6.39	\$333	9.24	\$5,725	159.04
36904*	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)	7.50	\$388	10.78	\$1,849	51.36
36905**	; with transluminal balloon angioplasty, peripheral dialysis segment, inc all imaging and radiological supervision and interpretation necessary to perform the angioplasty	9.00	\$466	12.94	\$2,344	65.10
36906**	; 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	10.42	\$538	14.95	\$6,949	193.02
+36907**	Transluminal balloon angioplasty, central dialysis segment, performed thru dialysis circuit, inc all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	3.00	\$154	4.28	\$770	21.39
+36908**	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	4.25	\$220	6.10	\$2,763	76.75
+36909*	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 (List separately in addition to code for primary procedure)	4.12	\$217	6.04	\$2,008	55.78

*Approved for use with Visions PV Intravascular Ultrasound Catheter

**Approved for use with AngioSculpt PTA Scoring Balloon Catheter

4 Moderate sedation

Also known as conscious sedation.

Effective January 1, 2017

Moderate sedation was removed from all procedural services it was previously inherently included. CPT codes have been revised to reflect the removal of the moderate sedation CPT symbol indicating which procedure included moderate sedation. Moderate sedation is now separately billed using the new moderate sedation codes. Six new CPT codes CPT 99151-99157 were created. Providers should report the appropriate moderate sedation code(s) in addition to the procedure CPT codes when moderate sedation is performed. For further coding instructions, please refer to the coding guidelines and moderate sedation table in 2018 CPT Professional.

Highlights

For complete guidance, refer to CPT Medicare and private payer edits and rules.

Non-coronary intravascular ultrasound (IVUS)

- Services described by the IVUS CPT codes include all transducer manipulations and repositioning within the specific vessel being examined during a diagnostic procedure or before, during, and/or after therapeutic intervention (e.g., stent or stent graft placement, angioplasty, atherectomy, embolization, thrombolysis, transcatheter biopsy).
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 - *CPT Changes: An Insider's View, Surgery, 2016*
- IVUS is designated as an add-on procedure and is always performed in conjunction with a primary procedure.
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 - *CPT Changes: An Insider's View, Surgery, 2016*
- The catheter supply cost is packaged into the facility payment for the primary procedure. IVUS codes 37252, 37253 are designated as status “N” in the facility setting by Medicare, which means the payment for IVUS has been packaged into other services and there is no separate payment.
 - *Medicare Claims Processing Manual Chapter 4 – Part B Hospital (Including Inpatient Hospital Part B and OPPS): 10.4*
- If a lesion extending across the margins of one vessel into another is imaged with IVUS, report using only 37252 (first vessel) despite imaging more than one vessel.
 - *CPT Copyright© 2017 American Medical Association*
 - *CPT Changes: An Insider's View, Surgery, 2016*

Ultrasound guidance

- Ultrasound guidance for puncture of the dialysis circuit access is not typically performed and is not included in 36901, 36902, 36903, 36904, 36905, 36906. However, in the case of a new (immature) or failing AVF, ultrasound may be necessary to safely and effectively puncture the dialysis circuit for evaluation, and this may be reported separately with 76937, if all the appropriate elements for reporting 76937 are performed and documented.
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 - *CPT Changes: An Insider's View, Surgery, 2017*

Dialysis circuit intervention

- For the purposes of coding interventional procedures in the dialysis circuit (both AVF and AVG), the dialysis circuit is artificially divided into two distinct segments: peripheral dialysis segment and central dialysis segment.
- CPT codes 36901, 36902, 36903 and 36904, 36905, 36906 are built on progressive hierarchies that have more intensive services, which include less intensive services. Report only one code (36901, 36902, 36903, 36904, 36905, 36906) for services provided in a dialysis circuit.
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 - *CPT Changes: An Insider's View, Surgery, 2017*

Add-on codes

- CPT code 36907 is an add-on code used in conjunction with 36901, 36902, 36903, 36904, 36905, 36906 to report angioplasty within the central dialysis segment when performed through puncture of the dialysis circuit, and is reported once per session independent of the number of discrete lesions treated, the number of balloon inflations, and number of balloon catheters or sizes required.
- CPT code 36908 is an add-on code used in conjunction with 36901, 36902, 36903, 36904, 36905, 36906 to report stenting lesion(s) in the central dialysis segment when performed through puncture of the dialysis circuit. It is reported once, regardless of the number of discrete lesions treated or the number of stents placed. Code 36908 includes the services in 36907; therefore, 36908 may not be reported with 36907 in the same session. Code 36908 may be reported only once per session with 36901, 36902, 36903, 36904, 36905, 36906, as appropriate.

- CPT code 36909 is an add-on code used to report endovascular embolization or occlusion of the main vessel or side branches arising from (emptying into) the dialysis circuit. Code 36909 may only be reported once per therapeutic session, irrespective of the number of branches embolized or occluded. Embolization or occlusion of the main vessel or these side branches may not be reported with 37241.
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 - *CPT Changes: An Insider's View, Surgery, 2017*

Third-party sources

- 2018 CPT Professional Edition
- 2016 CPT Changes, An Insider's View
- 2017 CPT Changes, An Insider's View
- CPT Assistant
- 2018 ICD-10-CM and ICD-10-PCS: The Complete Official Codebook

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1. Refer to ICD-10-CM 2018: The Complete Official Codebook for a complete list of diagnosis codes and specific character codes.
 2. Refer to ICD-10-PCS 2018: The Complete Official Codebook for a complete list of procedure codes and specific character codes.
 3. Medicare Inpatient Prospective Payment System 2018 Final Rule (CMS-1677-CN) Federal Register Vol 82 No. 191, October 4, 2017. Table 5 CN. Payment rates assume full update amount for hospitals which have submitted quality data and hospitals have a wage index greater than 1.
 4. Major Complications and Comorbidities
 5. Complications and Comorbidities
 6. Major Complications and Comorbidities
 7. Complications and Comorbidities
 8. Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. 2018 Final Rule (CMS-1678-CN), Published in the Federal Register December 14, 2017, OPPS Addendum B and ASC Addendas AA-EE.
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 10. Status J1: Comprehensive APC – accounts for all costs and component services typically involved in the provision of the complete primary procedure; Status N: No separate APC payment. Packaged into payment for other services.
 11. RVU: Relative Value Units assigned under the Medicare Physician Fee Schedule, Addendum B. For each CPT code, RVUs are assigned to account for the relative resource costs used to provide the service.
 12. Medicare Physician Fee Schedule. Final Policy, Payment, and Quality Provisions in the Medicare Physician Fee Schedule for Calendar Year 2018, (CMS-1676-F), November 2, 2017. Federal Register Vol. 82, No. 219. Addendum B, 2018 conversion factor 35.9996.

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