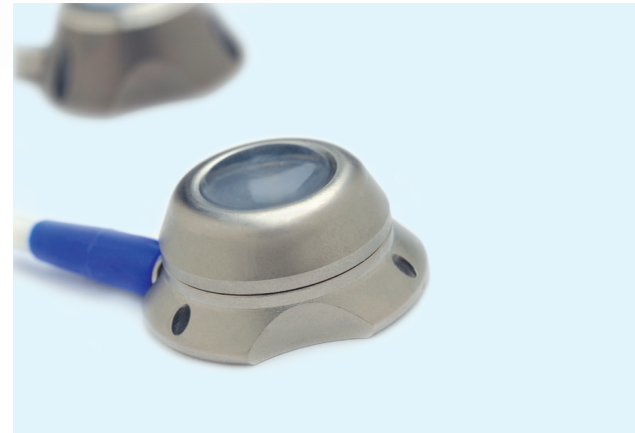
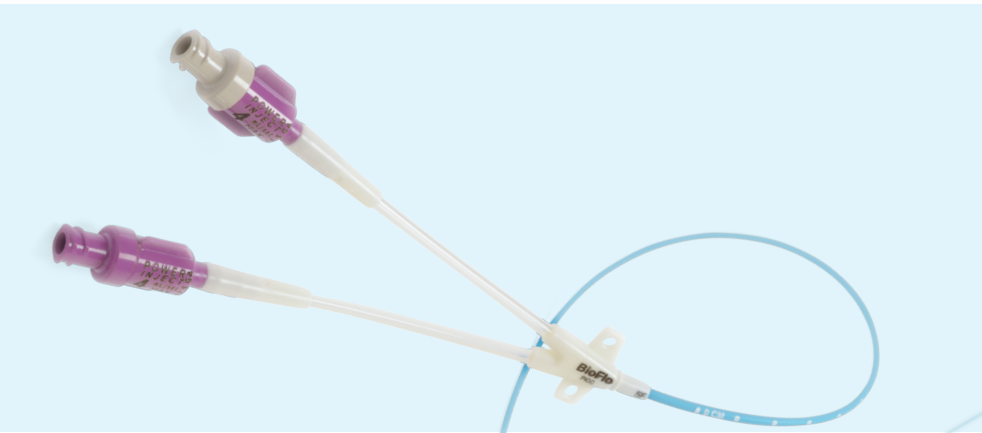


Vascular Access Reimbursement Guide

Coding and Payment* Information for Venous Access Procedures



AngioDynamics has compiled this Reimbursement Guide for the convenience of physicians, allied health, billing and coding personnel. The provider is ultimately responsible for determining the appropriate codes, modifiers, costs and charges for services rendered.

Venous Access Procedures: Coding and Payment[†]

CPT Code	APC	CPT Code Description	Physician		Facility	
			MD in Office Payment	MD in Facility Payment	Hospital Outpatient Payment	ASC Payment
PICC and Midline Procedures						
36568	5181	Insertion peripherally inserted CVC w/o port, < 5 yrs old	\$223	\$77	\$613	\$319
36569	5182	Insertion peripherally inserted CVC w/o port, > 5 yrs old	\$253	\$89	\$983	\$512
36584	5182	Replacement: Complete of peripherally inserted CVC w/o subcutaneous port or pump, through same venous	\$210	\$69	\$983	\$512
Chest Port Procedures						
36560	5183	Insertion tunneled centrally inserted central venous access device (CVAD) w/ subcutaneous port, < 5 yrs old	\$1,336	\$397	\$2,493	\$1,800
36561	5183	Insertion tunneled centrally inserted CVAD w/ subcutaneous port, > 5 yrs old	\$1,110	\$352	\$2,493	\$1,299
36582	5183	Replacement: Complete of a tunneled centrally inserted CVAD w/ subcutaneous port through same	\$1,026	\$302	\$2,493	\$1,299
Tunneled Venous Access						
36557	5184	Insertion tunneled centrally inserted CVC w/o reservoir, < 5 yrs old	\$959	\$330	\$4,265	\$2,222
36558	5183	Insertion tunneled centrally inserted CVC, w/o reservoir, > 5 yrs old	\$731	\$273	\$2,493	\$1,299
36581	5183	Replacement: Complete, tunneled centrally inserted CVC w/o subcutaneous port or pump, through same venous access site	\$722	\$191	\$2,493	\$1,299
36563	5184	Insertion tunneled centrally inserted venous access device w/ subcutaneous pump	\$1,263	\$384	\$4,265	\$3,671
36565	5183	Insertion tunneled centrally inserted central venous access device, requiring 2 catheters via two separate venous access sites, w/o subcutaneous port or pump	\$906	\$348	\$2,493	\$1,299
36566	5184	Insertion tunneled centrally inserted venous access device, requiring 2 catheters via two separate venous access sites, w/ subcutaneous port(s)	\$5,271	\$383	\$4,265	\$2,222
36583	5184	Replacement: complete of tunneled centrally inserted central venous access device w/ subcutaneous pump through same venous access	\$1,298	\$340	\$4,265	\$3,914
Non-Tunneled Venous Access						
36555	5182	Insertion non-tunneled centrally inserted central venous catheter (CVC), < 5yrs old	\$190	\$90	\$983	\$512
36556	5182	Insertion non-tunneled centrally inserted CVC, > 5 yrs old	\$215	\$102	\$983	\$512
36580	5182	Replacement: Complete of non-tunneled, centrally inserted CVC w/o subcutaneous port or pump, through same venous access site	\$219	\$69	\$983	\$512

CPT Code	APC	CPT Code Description	Physician		Facility	
			MD in Office Payment	MD in Facility Payment	Hospital Outpatient Payment	ASC Payment
Arm Port Procedures						
36570	5183	Insertion peripherally inserted CVAD w/ port, < 5 yrs old	\$1,429	\$344	\$2,493	\$1,299
36571	5183	Insertion peripherally inserted CVAD w/ port, > 5 yrs old	\$1,252	\$323	\$2,493	\$1,299
36585	5183	Replacement: Complete peripherally inserted CVAD w/ subcutaneous port through same venous access site	\$1,084	\$283	\$2,493	\$1,299
Repair, Removal, Partial Replacement Procedures						
36575	5181	Repair tunneled or non-tunneled central venous catheter w/o subcutaneous port or pump, central or peripheral insertion	\$169	\$36	\$613	\$319
36576	5182	Repair central venous access device w/ subcutaneous port or pump, central or peripheral insertion	\$323	\$192	\$983	\$512
36578	5183	Replacement: Catheter only, central venous access device w/ subcutaneous port or pump, central or peripheral insertion site	\$460	\$211	\$2,493	\$1,299
36589	5181	Removal tunneled central venous catheter w/o subcutaneous port or pump	\$168	\$142	\$613	\$319
36590	5181	Removal tunneled central venous access device w/ subcutaneous port or pump, central or peripheral insertion	\$228	\$198	\$613	\$319
Additional Procedures						
76000 (Status Q2)	5522	Fluoroscopy (separate procedure) up to one hour MD time	\$1	\$9	\$119	N/A
75860 (Status Q2)	5183	Veinography, venous sinus (e.g. petrosal and inferior sagittal) or jugular catheter, radiologic supervision and interpretation	\$247	\$57	\$2493	N/A
75820 (Status Q2)	5181	Veinography, extremity, unilateral, radiologic supervision/ interpretation	\$118	\$36	\$613	N/A
Guidance Procedures						
76937*	Bundled	Ultrasound guidance for vascular access requiring US evaluation of potential access sites, documentation of selected vessel patency, concurrent real time US visualization of vascular needle entry w/ permanent recording and reporting (list separately in addition to code for primary procedure)	\$32	\$15	N/A	NA
77001*	Bundled	Fluoroscopic guidance for central venous access device placement or removal	\$86	\$19	N/A	N/A

*A permanent record or report of the ultrasound guidance must be documented and multiple sites must be evaluated.
Packaged Codes - Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator

Hospital Outpatient and ASC payment rates based on Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs [CMS-1678-FC]; Final Rule for Calendar Year 2018 (Federal Register, November 13, 2017).

Physician payment rates based on Medicare and Medicaid Programs: CY 2018 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B [CMS-1676-F] (Federal Register, November 3, 2017).

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[†]Payment amounts presented here represent the 2018 Medicare national average reimbursement—unadjusted.



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