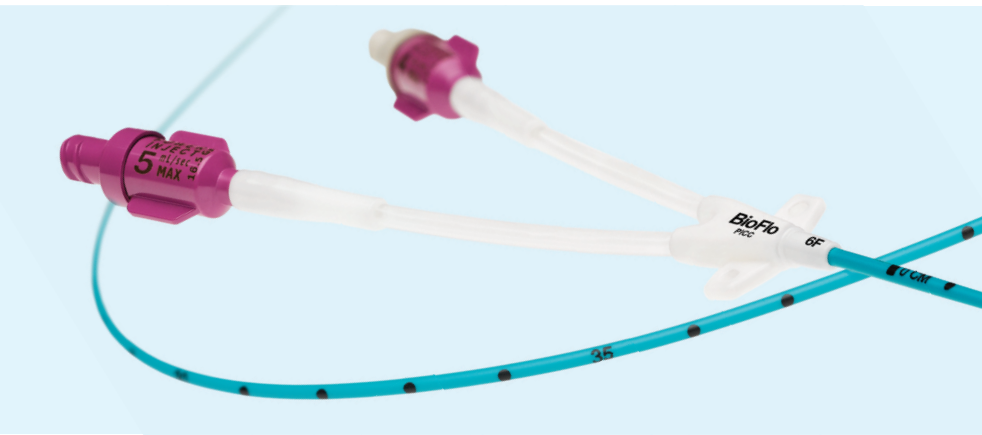


Vascular Access Reimbursement Guide

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	Description	Physician		Facility	
			MD in Office Payment	MD in Facility Payment	HOPD Payment	ASC Payment
PICC Procedures						
36568	0621	Insertion peripherally inserted CVC w/o port, < 5 yrs old	\$303	\$102	\$850	\$469
36569	0621	Insertion peripherally inserted CVC w/o port, > 5 yrs old	\$253	\$95	\$850	\$469
36584	0621	Replacement: Complete of peripherally inserted CVC w/o subcutaneous port or pump, through same venous	\$207	\$69	\$850	\$469
Chest Port Procedures						
36560	0623	Insertion tunneled centrally inserted central venous access device (CVAD) w/ subcutaneous port, < 5 yrs old	\$1,363	\$375	\$2,346	\$1,296
36561	0623	Insertion tunneled centrally inserted CVAD w/ subcutaneous port, 5 yrs or older	\$1,197	\$375	\$2,346	\$1,296
36582	0623	Replacement: Complete of a tunneled centrally inserted CVAD w/ subcutaneous port through same venous access site	\$1,129	\$318	\$2,346	\$1,296
Tunneled Venous Access						
36557	0622	Insertion tunneled centrally inserted CVC w/o reservoir, < 5 yrs old	\$1,026	\$337	\$1,924	\$1,063
36558	0622	Insertion tunneled centrally inserted CVC, w/o reservoir, 5 yrs or older	\$797	\$289	\$1,924	\$1,063
36581	0622	Replacement: Complete, tunneled centrally inserted CVC w/o subcutaneous port or pump, through same venous access site	\$781	\$391	\$1,924	\$1,063
36563	0623	Insertion tunneled centrally inserted venous access device w/ subcutaneous pump	\$1,339	\$391	\$2,346	\$1,296
36565	0623	Insertion tunneled centrally inserted central venous access device, requiring 2 catheters via two separate venous access sites, w/o subcutaneous port or pump	\$1,001	\$363	\$2,346	\$1,296
36566	0623	Insertion tunneled centrally inserted venous access device, requiring 2 catheters via two separate venous access sites, w/ subcutaneous port(s)	\$5,427	\$398	\$2,346	\$1,296
36583	0623	Replacement: complete of tunneled centrally inserted central venous access device w/ subcutaneous pump through same venous access	\$1,377	\$346	\$2,346	\$1,296
Non-Tunneled Venous Access						
36555	0621	Insertion non-tunneled centrally inserted central venous catheter (CVC), < 5yrs old	\$260	\$122	\$850	\$469
36556	0621	Insertion non-tunneled centrally inserted CVC 5 yrs or older	\$237	\$126	\$850	\$469
36580	0621	Replacement: Complete of non-tunneled, centrally inserted CVC w/o subcutaneous port or pump, through same venous access site	\$218	\$70	\$850	\$469

CPT Code	APC	Description	Physician		Facility	
			MD in Office Payment	MD in Facility Payment	HOPD Payment	ASC Payment
Arm Port Procedures						
36570	0622	Insertion peripherally inserted CVAD w/ port < 5 yrs	\$1,202	\$320	\$1,924	\$1,063
36571	0622	Insertion peripherally inserted CVAD w/ port > 5 yrs	\$1,324	\$329	\$1,924	\$1,063
36585	0622	Replacement: Complete peripherally inserted CVAD w/ subcutaneous port through same venous access site	\$1,174	\$292	\$1,924	\$1,063
Repair, Removal, Partial Replacement Procedures						
36575	0121	Repair tunneled or non-tunneled central venous catheter w/o subcutaneous port or pump, central or peripheral insertion	\$169	\$37	\$466	\$258
36576	0621	Repair central venous access device w/ subcutaneous port or pump, central or peripheral insertion	\$396	\$203	\$850	\$469
36578	0622	Replacement: Catheter only, central venous access device w/ subcutaneous port or pump, central or peripheral insertion site	\$533	\$224	\$1,924	\$1,063
36589	0121	Removal tunneled central venous catheter w/o subcutaneous port or pump	\$169	\$144	\$466	\$258
36590	0621	Removal tunneled central venous access device w/ subcutaneous port or pump, central or peripheral insertion	\$301	\$213	\$850	\$469
Additional Procedures						
76000 (Q-probably not paid)	0272	Fluoroscopy (separate procedure) up to one hour MD time	\$51	\$9	\$157	N/A
75860 (Q-probably not paid)	0668	Veinography, venous sinus (e.g. petrosal and inferior sagittal) or jugular catheter, radiologic supervision and interpretation	\$155	\$57	\$827	N/A
75820 (Q-probably not paid)	0668	Veinography, extremity, unilateral, radiologic supervision/interpretation	\$126	\$35	\$827	N/A
Ultrasound Guidance						
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)	\$37	\$15	\$0	\$0
Chest X-ray With PICC Line						
		When used solely to determine PICC placement, CPT code 36555-36558 and chest x-ray codes 71010 and 71020 are bundled and not separately payable				
		If the x-ray was done for another diagnostic reason it is billable with modifier 59 (distinct procedural service). Chest x-ray codes 71021 – 71035 are not bundled and are separately billable based on medical necessity and views				

*A permanent record or report of the ultrasound guidance must be documented and multiple sites must be evaluated.

(Q) These codes are usually bundled when provided with other procedures.

DISCLAIMER: Information provided here is intended to assist you to obtain appropriate reimbursement for services rendered. It is not intended to increase or maximize reimbursement. Decisions related to completing a reimbursement claim form, including amounts to bill, are exclusively that of the provider. The information provided in this document is intended for informational purposes only and represents no statement, promise or guarantee by AngioDynamics, Inc. concerning levels of reimbursement, payment or charges.

†Payment amounts presented here represent the 2014 Medicare national average reimbursement—unadjusted.



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