This is general reimbursement information only and is intended to assist you to obtain appropriate reimbursement for services rendered and to comply with complex and changing reimbursement policies. It is not legal advice, nor is it advice about how to code, complete, or submit any particular claim for payment, nor intended to increase or maximize reimbursement by any third-party payer. This information has been gathered from third-party sources and was correct at the time of publication and is subject to change without notice. It is the provider’s responsibility to exercise independent clinical judgment to determine appropriate coding and charges that accurately reflect all the patient’s conditions and services provided. These should be recorded in the patient’s medical record. The information provided here is for informational purposes only and represents no statement, promise or guarantee by AngioDynamics concerning levels of reimbursement, payment, or charges.

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This document is not intended to promote the off-label use of medical devices and physicians should use medical devices fully consistent with all government requirements. The content is not intended to instruct hospitals and/or physicians on how to use medical devices or bill for healthcare procedures. Applicable FARS/DFARS restrictions apply to Government Use. US/VA/MS/216 Rev 01 06/2020

Reimbursement Guide
2020 Coding and Reimbursement Guide for Hemodialysis Catheter Procedures
EFFECTIVE JANUARY 2020
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# Catheter Insertion Procedures

**PHYSICIAN, HOSPITAL OPPS, ASC CODING & PAYMENT (JANUARY 1, 2020 to DECEMBER 31, 2020)**

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>CPT® Description</th>
<th>Physician Fee Schedule</th>
<th>APC ² (Status Indicator)</th>
<th>Hospital OPPS Payment³</th>
<th>ASC Payment² (Payment Indicator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>36555</td>
<td>Insertion of non-tunneled centrally inserted central venous catheter, younger than 5 years of age</td>
<td>$193.08</td>
<td>$88.06</td>
<td>5182, Level 2 Vascular Procedures (J1)</td>
<td>$1,630.95</td>
</tr>
<tr>
<td>36556</td>
<td>Insertion of non-tunneled centrally inserted central venous catheter, age 5 years or older</td>
<td>$219.42</td>
<td>$88.78</td>
<td>5182, Level 2 Vascular Procedures (J1)</td>
<td>$1,630.95</td>
</tr>
<tr>
<td>36557</td>
<td>Insertion of tunneled centrally inserted central venous catheter, younger than 5 years of age</td>
<td>$1,131.77</td>
<td>$333.83</td>
<td>5184, Level 4 Vascular Procedures (J1)</td>
<td>$4,595.68</td>
</tr>
<tr>
<td>36558</td>
<td>Insertion of tunneled centrally inserted central venous catheter, age 5 years or older</td>
<td>$836.20</td>
<td>$272.48</td>
<td>5183, Level 3 Vascular Procedures (J1)</td>
<td>$2,770.97</td>
</tr>
<tr>
<td>36560</td>
<td>Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age</td>
<td>$1,350.83</td>
<td>$399.87</td>
<td>5183, Level 3 Vascular Procedures (J1)</td>
<td>$2,770.97</td>
</tr>
<tr>
<td>36561</td>
<td>Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older</td>
<td>$1,104.70</td>
<td>$351.51</td>
<td>5183, Level 3 Vascular Procedures (J1)</td>
<td>$2,770.97</td>
</tr>
<tr>
<td>36563</td>
<td>Insertion of tunneled centrally inserted central venous access device with subcutaneous pump</td>
<td>$1,224.16</td>
<td>$382.55</td>
<td>5184, Level 4 Vascular Procedures (J1)</td>
<td>$4,595.68</td>
</tr>
<tr>
<td>36565</td>
<td>Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate access sites, without subcutaneous port or pump (e.g., Tesio type catheter)</td>
<td>$902.96</td>
<td>$347.06</td>
<td>5183, Level 3 Vascular Procedures (J1)</td>
<td>$2,770.97</td>
</tr>
<tr>
<td>36800</td>
<td>Insertion of cannula for hemodialysis vein-vein</td>
<td>$128.12</td>
<td>$128.12</td>
<td>5184, Level 4 Vascular Procedures (J1)</td>
<td>$4,595.68</td>
</tr>
<tr>
<td>36810</td>
<td>Insertion of cannula for hemodialysis artery-vein</td>
<td>$220.51</td>
<td>$220.51</td>
<td>5183, Level 3 Vascular Procedures (J1)</td>
<td>$2,770.97</td>
</tr>
</tbody>
</table>
## Catheter Removal, Replacement, and Repair

**PHYSICIAN, HOSPITAL OPPS, ASC CODING & PAYMENT (JANUARY 1, 2020 to DECEMBER 31, 2020)**

### Medicare 2020 National Average Payment (Not Geographically Adjusted)

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>CPT® Description</th>
<th>Physician Fee Schedule</th>
<th>APC ² (Status Indicator)</th>
<th>Hospital OPPS Payment</th>
<th>ASC Payment ² (Payment Indicator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>36576</td>
<td>Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site</td>
<td>$350.79</td>
<td>$193.08</td>
<td>5182, Level 2 Vascular Procedures (J1)</td>
<td>$1,630.95</td>
</tr>
<tr>
<td>36578</td>
<td>Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site</td>
<td>$484.32</td>
<td>$212.57</td>
<td>5183, Level 3 Vascular Procedures (J1)</td>
<td>$2,770.97</td>
</tr>
<tr>
<td>36580</td>
<td>Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access</td>
<td>$224.48</td>
<td>$68.93</td>
<td>5182, Level 2 Vascular Procedures (J1)</td>
<td>$1,630.95</td>
</tr>
<tr>
<td>36581</td>
<td>Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access</td>
<td>$826.81</td>
<td>$191.27</td>
<td>5183, Level 3 Vascular Procedures (J1)</td>
<td>$2,770.97</td>
</tr>
<tr>
<td>36589</td>
<td>Removal of tunneled central venous catheter, without subcutaneous port or pump</td>
<td>$171.79</td>
<td>$143.28</td>
<td>5181, Level 1 Vascular Procedures (N)</td>
<td>$630.44</td>
</tr>
<tr>
<td>36575</td>
<td>Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site</td>
<td>$164.93</td>
<td>$36.45</td>
<td>5181, Level 1 Vascular Procedures (T)</td>
<td>$630.44</td>
</tr>
<tr>
<td>36590</td>
<td>Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion</td>
<td>$230.97</td>
<td>$198.85</td>
<td>5181, Level 1 Vascular Procedures (N)</td>
<td>$630.44</td>
</tr>
<tr>
<td>36596</td>
<td>Mechanical removal of tunneled central venous catheter</td>
<td>$125.23</td>
<td>$45.47</td>
<td>5182, Level 2 Vascular Procedures (J1)</td>
<td>$1,630.95</td>
</tr>
<tr>
<td>36597</td>
<td>Reposition venous catheter under fluoroscopy</td>
<td>$136.78</td>
<td>$63.16</td>
<td>5182, Level 2 (J1) Vascular Procedures</td>
<td>$1,630.95</td>
</tr>
</tbody>
</table>
## Additional Procedures

**PHYSICIAN, HOSPITAL OPPS, ASC CODING & PAYMENT (JANUARY 1, 2020 to DECEMBER 31, 2020)**

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>CPT® Description</th>
<th>Physician Fee Schedule¹</th>
<th>APC ² (Status Indicator)</th>
<th>Hospital OPPS Payment²</th>
<th>ASC Payment² (Payment Indicator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>76000</td>
<td>Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time</td>
<td>$42.59 $42.59</td>
<td>5523, Level 3 Imaging W/O Contrast (S)</td>
<td>$230.01</td>
<td>$26.35 (Z3)</td>
</tr>
<tr>
<td>75860</td>
<td>Venography, venous sinus (e.g., petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation</td>
<td>$140.39 $140.39</td>
<td>5183, Level 3 Vascular Procedures (N)</td>
<td>$2,770.97</td>
<td>N/A Packaged (N1)</td>
</tr>
<tr>
<td>75820</td>
<td>Venography, extremity, unilateral, radiological supervision and interpretation</td>
<td>$109.71 $109.71</td>
<td>5181, Level 1 Vascular Procedures (N)</td>
<td>$630.44</td>
<td>N/A Packaged (N1)</td>
</tr>
<tr>
<td>37799</td>
<td>Unlisted procedure, vascular surgery</td>
<td>Medicare does not set a national payment for unlisted CPT codes. Check with local Medicare contractor</td>
<td>5181, Level 1 Vascular Procedures (T)</td>
<td>$630.44</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### HCPCS/CPT Codes

In addition to the CPT® code for the procedure, hospitals bill the HCPCS code for the catheter itself, as well as guidewires and introducer sheaths. However, payment for the catheter and the other items are included in the payment for the CPT® procedure code and the HCPCS codes are not separately paid.³

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1750</td>
<td>Catheter, hemodialysis/peritoneal, long-term</td>
<td>Chronic</td>
</tr>
<tr>
<td>C1752</td>
<td>Catheter, hemodialysis/peritoneal, short-term</td>
<td>Acute</td>
</tr>
<tr>
<td>C1769</td>
<td>Guidewire</td>
<td>N/A</td>
</tr>
<tr>
<td>C1892</td>
<td>Introducer sheath</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Guidance Procedures

**PHYSICIAN, HOSPITAL OPPS, ASC CODING & PAYMENT (JANUARY 1, 2020 to DECEMBER 31, 2020)**

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>CPT® Description</th>
<th>Physician Fee Schedule</th>
<th>APC ² (Status Indicator)</th>
<th>Hospital OPPS Payment</th>
<th>ASC Payment ² (Payment Indicator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>76937*</td>
<td>Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)</td>
<td>$37.17</td>
<td>No APC code (N)</td>
<td>N/A Packaged</td>
<td>N/A Packaged (N1)</td>
</tr>
<tr>
<td>77001*</td>
<td>Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to primary procedure)</td>
<td>$97.80</td>
<td>No APC code (N)</td>
<td>N/A Packaged</td>
<td>N/A Packaged (N1)</td>
</tr>
</tbody>
</table>

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

**Miscellaneous**

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N18.6</td>
<td>End Stage Renal Disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10-PCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02H633Z</td>
<td>Insertion of infusion device right atrium, percutaneous</td>
</tr>
</tbody>
</table>
### Reimbursement Terminology

<table>
<thead>
<tr>
<th>Term(^1,3)</th>
<th>Description(^1,3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APC</td>
<td>Ambulatory Payment Classification</td>
</tr>
<tr>
<td>APC (C)</td>
<td>Not paid under OPPS. Admit patient. Bill as inpatient.</td>
</tr>
<tr>
<td>APC (N)</td>
<td>Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.</td>
</tr>
<tr>
<td>APC (J1)</td>
<td>Paid under OPPS; all covered Part B services on the claim are packaged with the primary &quot;J1&quot; service for the claim, except services with OPPS status indicator of &quot;F&quot;, &quot;G&quot;, &quot;H&quot;, &quot;L&quot; and &quot;U&quot;; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.</td>
</tr>
<tr>
<td>APC (T)</td>
<td>Procedure or Service; Multiple Procedure Reduction Applies. Paid under OPPS; separate APC payment.</td>
</tr>
<tr>
<td>ASC</td>
<td>Ambulatory Surgery Center</td>
</tr>
<tr>
<td>ASC (S)</td>
<td>Procedure or Service, Not Discounted When Multiple. Paid under OPPS; separate APC payment.</td>
</tr>
<tr>
<td>ASC (A2)</td>
<td>Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.</td>
</tr>
<tr>
<td>ASC (G2)</td>
<td>Non-office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight</td>
</tr>
<tr>
<td>ASC (J8)</td>
<td>Device-intensive procedure; paid at adjusted rate.</td>
</tr>
<tr>
<td>ASC (N1)</td>
<td>Packaged service/item; no separate payment made.</td>
</tr>
<tr>
<td>ASC (Z3)</td>
<td>Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS non-facility PE RVUs.</td>
</tr>
<tr>
<td>C-Code</td>
<td>Device category codes reported by hospitals in conjunction with outpatient hospital procedures</td>
</tr>
<tr>
<td>Facility</td>
<td>Physician payment level for professional services provided in a facility setting such as a hospital or ambulatory surgery center</td>
</tr>
<tr>
<td>Non-Facility</td>
<td>Physician payment level for professional services provided in a non-facility setting such as a physician’s office</td>
</tr>
<tr>
<td>ICD-10-CM</td>
<td>International Classification of Diseases, 10th Revision, Clinical Modification</td>
</tr>
<tr>
<td>ICD-10-PCS</td>
<td>International Classification of Diseases, 10th Revision, Procedure Coding System</td>
</tr>
<tr>
<td>IPPS</td>
<td>Inpatient Prospective Payment System</td>
</tr>
<tr>
<td>MS-DRG</td>
<td>Medicare Severity-Diagnosis Related Group</td>
</tr>
<tr>
<td>OPPS</td>
<td>Outpatient Prospective Payment System</td>
</tr>
</tbody>
</table>

The tables throughout this document list the National Average Medicare Payment Rates for certain hemodialysis vascular access related procedures and interventions. To accurately report a vascular access related procedure or intervention, multiple code combinations may be needed. Unless otherwise noted, amounts shown represent Medicare national average payment for the full amount without any multiple procedure reduction applied. Providers should select the most appropriate HCPCS/CPT code(s) with the highest level of detail to describe the service(s) rendered to the patient as well as the most appropriate ICD-10-CM diagnosis code(s) to describe the patient’s condition. Any questions should be directed to the pertinent local payer.
References


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