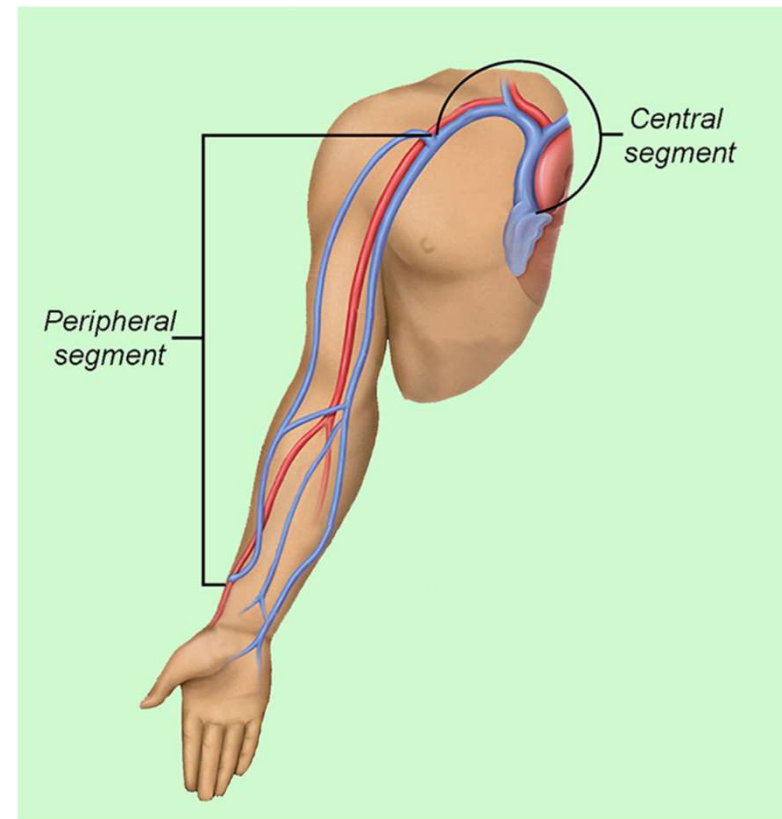


# Coding Changes for 2017

Gerald A Beathard MD, PhD, FASN

# Anatomical Definitions

- The **dialysis access circuit** begins at the arterial anastomosis and ends at the right atrium
- Two segments
  - Peripheral segment
    - 2cm of feeding artery
    - Arterial anastomosis
    - All of venous anatomy up to central
  - Central segment



# New Bundled Codes

- 36901 - Angiogram
- 36902 – Angioplasty, venous, peripheral segment
- 36903 – Stent, venous, peripheral segment
- 36904 – Thrombectomy
- 36905 – Thrombectomy & angioplasty
- 36906 – Thrombectomy, angioplasty, stent
- +36907 – Angioplasty, venous, central segment
- +36908 - Stent, venous, Central segment
- +36909 – Coil placement

## 36901 - Angiogram

- Bundle includes – cannulation, angiogram of the entire dialysis circuit, all selective catheterization, all imaging from arterial anastomosis up through the superior vena caval including RS&I
- Points to note:
  - This includes the entire dialysis access circuit
  - Includes all communicating venous side branches
  - Includes arterial anastomosis and adjacent 2 cm of feeding artery

## 36901 as Primary Code

- There are codes which are add-on codes
- New add on codes include central segment codes
- An add-on code that we have used in the past is for an embolectomy – the primary code in this instance was the thrombectomy code. A problem arose in an instance in which there was a delayed arterial embolus. The primary code was not used, therefore, the add-on code cannot be used. The in situ thrombectomy code was used.
- Now, 36901 can serve as the primary code for a code such as the embolectomy code. It is also used as the primary code if only a central segment treatment is performed.

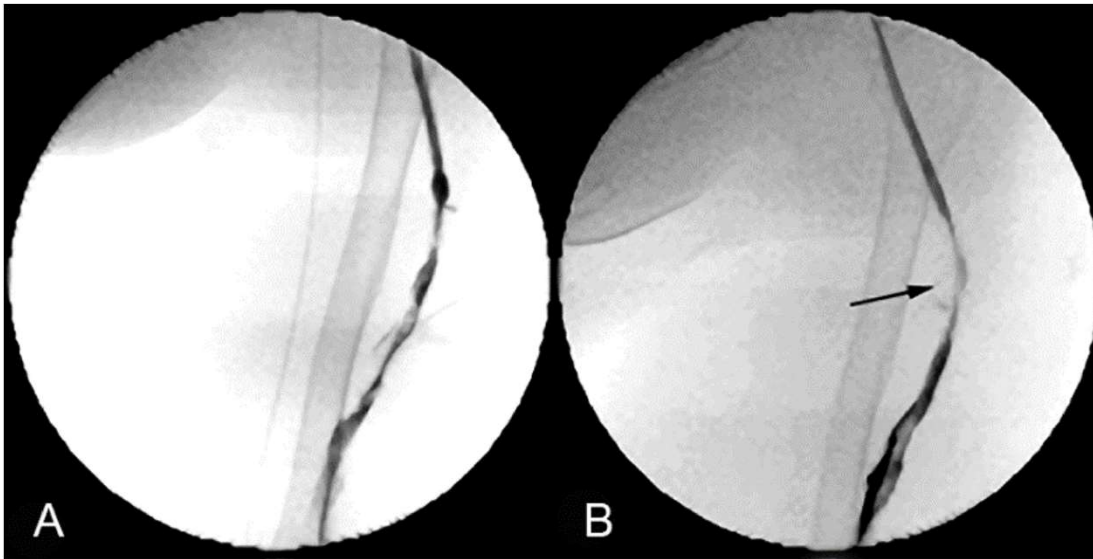
## 36902 – Angioplasty, Venous, Peripheral

- Bundle includes – PTA within the peripheral segment, RS&I, Code 36901
- Points to note:
  - Does not include the central segment
  - Can only be used once for PTA in the peripheral segment
  - Can be used as primary code with add-on central segment codes

## 36903 – Stent, Venous, Peripheral

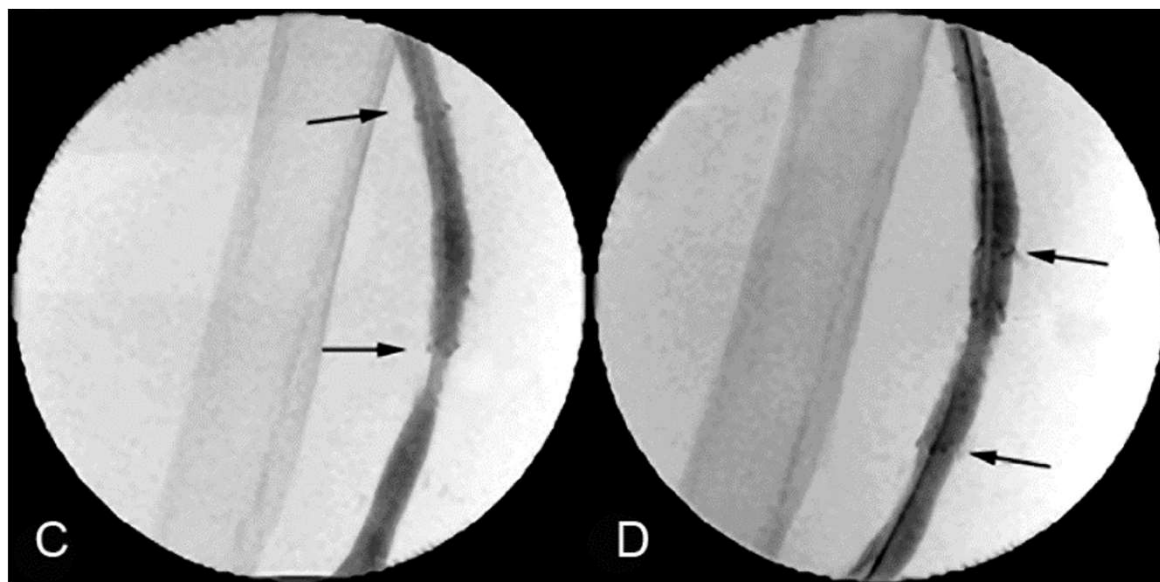
- Bundled includes – Stent placement, all imaging, RS&I, 36901, 36902
- Points to note:
  - Use only in peripheral segment
  - Can be used only once
  - Can be used as primary code with add-on central segment codes

## Clinical Case - Brachial- Basilic AVF





Two stents required



Procedure	Preliminary Codes	Modifications	Final Codes
Cannulation	---	Bundled with 36901	-
Angiogram of dialysis access - pre	36901	Bundled with 36902	
Angioplasty Peripheral segment	36902	Bundled with 36903	
1 <sup>st</sup> Stent placement Peripheral segment	36903	Primary code	36903
2 <sup>nd</sup> Stent placement Peripheral segment	36903	Only 1 stent in peripheral segment can be coded	
Angiogram of dialysis access - post	---	Bundled with 36903	

## 36904 - Thrombectomy

- Bundled includes – percutaneous thrombectomy, all imaging, RS&I, and intraprocedural pharmacological thrombolytic injections
- Points to note:
  - Endovascular thrombectomy performed using any technique
  - Includes thrombolytics
  - Does not included angioplasty

# 36905 – Thrombectomy & Angioplasty

- Bundled includes – all of 36904 and 36902
- Points to note:
  - Thrombectomy performed using any technique
  - Includes all work associated with thrombectomy in peripheral segment angioplasty
  - Can be used with central segment codes

## *In situ* Thrombectomy

- In situ thrombectomy code has been used in the past when there was thrombus present within a vessel that was clearly separate and distinct from the thrombosed access
- This can no longer be used
- The new thrombectomy codes cover thrombus removal anywhere within the dialysis access as defined

## 36906 – Thrombectomy, Angioplasty & Stent

- Bundled includes – everything covered under 36905, transcatheter placement of a stent in peripheral segment, RS&I
- Points to note:
  - Thrombectomy with any technique
  - Bundles all work related to the three procedures in peripheral segment

# Clinical Case - Thrombosed AVF

- Patient presented to the access center with a thrombosed AVF
- Evaluation showed the presence of thrombus and severe stenosis
- Access was cannulated, thrombectomy performed
- Multiple stenotic lesions present
- Multiple angioplasties performed
- Vascular rupture uncontrolled with conservative measures
- Stent placed
- Feeding artery selectively catheterized and arteriogram performed

Procedure	Preliminary Codes	Modifications	Final Codes
1 <sup>st</sup> cannulation	---	Bundled with 36905	
Angiogram of dialysis access - pre	36901	Bundled with 36905	
2 <sup>nd</sup> cannulation	---	Bundled with 36905	
Thrombectomy - thromboaspiration	36905	Bundled with 36906	
1 <sup>st</sup> Angioplasty of peripheral segment	36902	Bundled with 36906	
2 <sup>nd</sup> Angioplasty of peripheral segment	36902	Bundled with 36906	
Stent placement	36906	Primary code	36906
1 <sup>st</sup> order selective catheterization - artery	36215	Meets requirement for medical indication	36215
Arteriogram of extremity	75710	Requires an XU modifier because of simultaneous use of diagnostic and therapeutic R S&I codes	75710-XU
Angiogram of dialysis access - post	75971	Bundled with angioplasty code	



## +36907 – Angioplasty, Venous, Central

- Bundled includes – angioplasty of central dialysis segment performed through dialysis circuit, all work included, RS&I
- Points to note:
  - Does not bundle the angiogram code 36901
  - This is an add-on code and must be used with a primary code
    - Can be any of the 36901-6 codes, if this is the only lesion treated the primary code would be 36901
  - Can only be used once
  - Can be used with any of the peripheral segment codes
  - If access to the central vein is not through the dialysis access this code should not be used

## +36908 – Stent, Venous, Central

- Bundle includes – all work associated with stent placement including all of 36907, RS&I
- Points to note:
  - Does not included in 36901
  - Can be used with any of the 36901- 6 codes
  - Can only be used once

# Additional Points Related to Central Venous Procedures

- If central venous angioplasty and/or stent is done from a non-dialysis access circuit cannulation approach – different code
- 36903 - Peripheral stent – 150.99 RVU - \$5,663.24
- +36908 – Central stent - 71.49 RVU - \$2,721.80 (\$2,941.44)
- +36907-8 - not on ASC code list (no add-on codes are allowed)

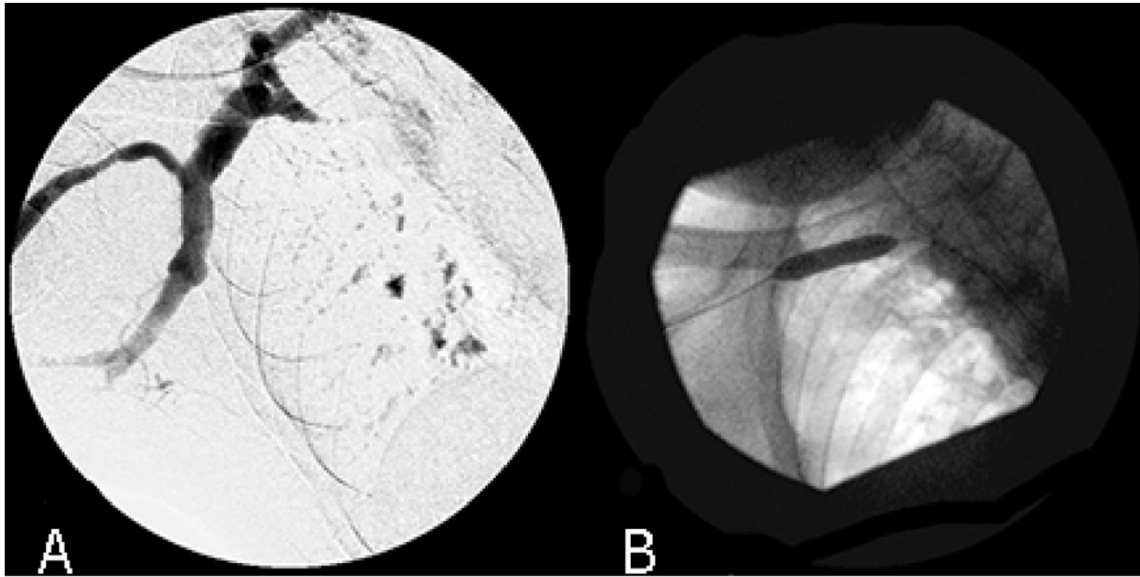
# Central PTA Not Accessed Through Dialysis Circuit

- If central venous angioplasty is done from a non-dialysis access circuit cannulation approach (i.e. jugular or femoral vein), the code is **37248**
- This code includes angioplasty and imaging necessary to perform the angioplasty but does not include non-selective or selective cannulation and catheterization which would be coded separately.
- The code **37248** includes all angioplasty within a named vein, no matter the number of distinct stenoses
- However, additional angioplasty done in different central veins may be coded separately using **37249**

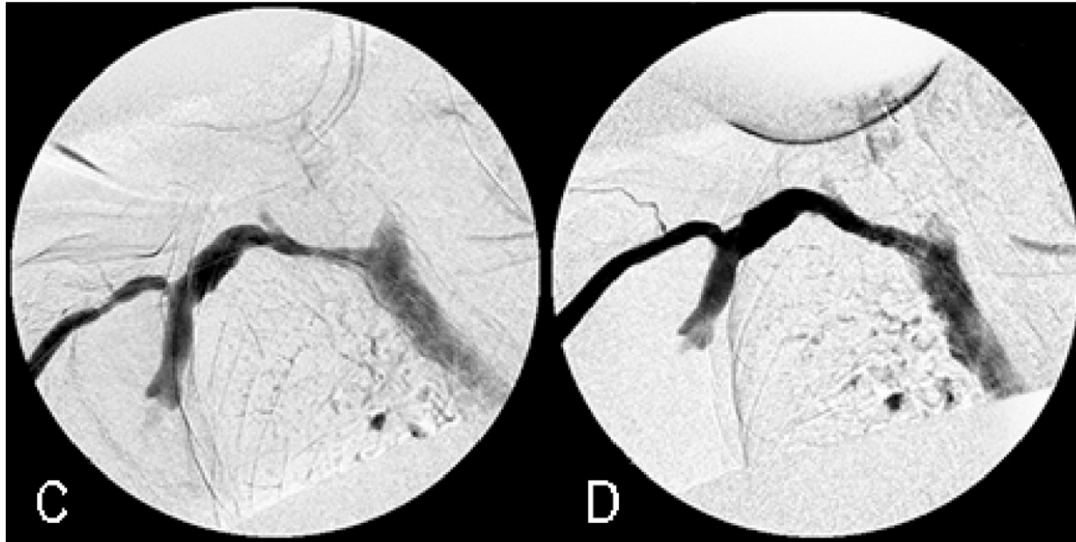
# Central Stent Not Accessed Through Dialysis Circuit

- If central venous stenting is performed from a non-dialysis circuit cannulation approach (i.e. femoral vein), the code is **37238**
- This code includes angioplasty and imaging necessary to perform the angioplasty but does not include non-selective or selective cannulation and catheterization which would be coded separately.
- This code is only reported once in a named vein no matter the number of stenoses or stents used within that vein
- However, additional stent(s) is placed in a separate named vein to treat other stenoses may be coded separately using **37239**

## AVF with Central Vein Stenosis



## Elastic Lesion – Stent Placed



Procedure	Preliminary Codes	Modifications	Final Codes
Cannulation	---	Bundled with 36901	-
Angiogram of dialysis access - pre	36901	Primary code	36901
Angioplasty Central segment	+ 36907	Bundled with + 36908	
Stent placement Central segment	+36908	Add-on code 36901 is primary code	+36908
Angiogram of dialysis access - post	---	Bundled with +36908	



# Arterial Procedures

- Cannulation of the extremity artery, either radial or brachial is coded as 36140
- The first approximately 2 cm of the feeding artery adjacent to the arterial anastomosis is considered part of the dialysis access
- There are no other changes in arterial procedures
- Lower extremity arterial procedures have not changed

# 75710 – Arteriogram of Upper Extremity

- 75710 is the code for an arteriogram in the upper extremity
- The first approximately 2 cm of the feeding artery adjacent to the arterial anastomosis is considered part of the dialysis access, use of the 75710 code would be warranted only if you examined a larger segment of the artery
- Proper use of 75710 assumes that you examined that portion of the extremity arteries that is necessary to make a diagnostic evaluation related to your medical indication
- Proper documentation is critical – terms such as proximal or downstream and upstream are not sufficient

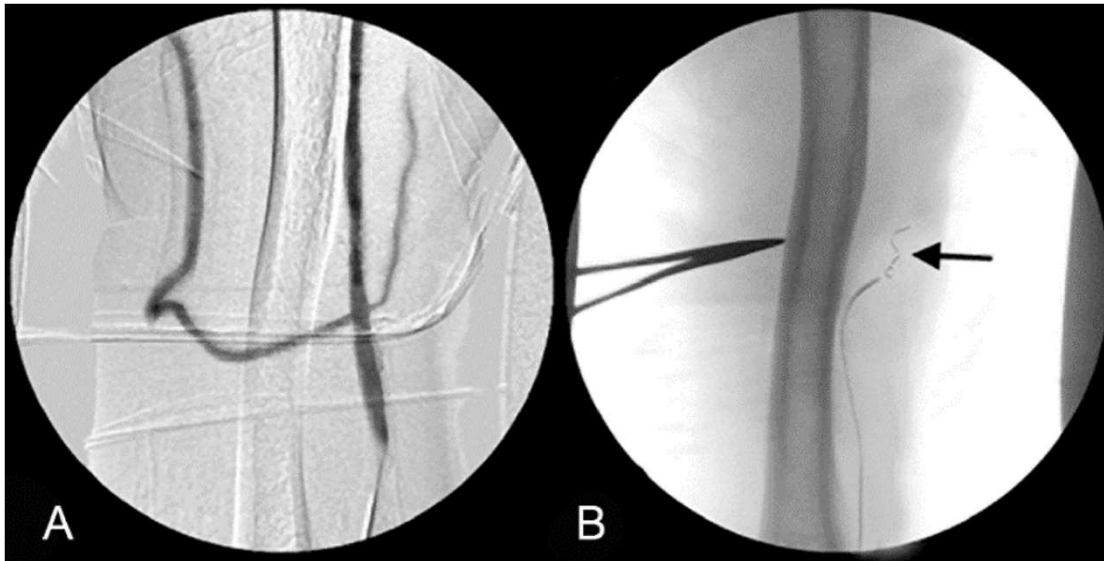
# Cannulation & Catheterization Procedures

- Nonselective cannulation is bundled with the 36901- 6 codes
- All selective catheterization of venous branches is attached to the dialysis access circuit are bundled with the 36901- 6 codes
- Selective catheterization of arteries has not changed
- If an extremity artery is cannulated and then the dialysis access is selectively catheterized from that site, the selective catheterization code is bundled with the procedure performed on the dialysis access
- However, 36140 can be used in addition to the appropriate 36901- 6 code

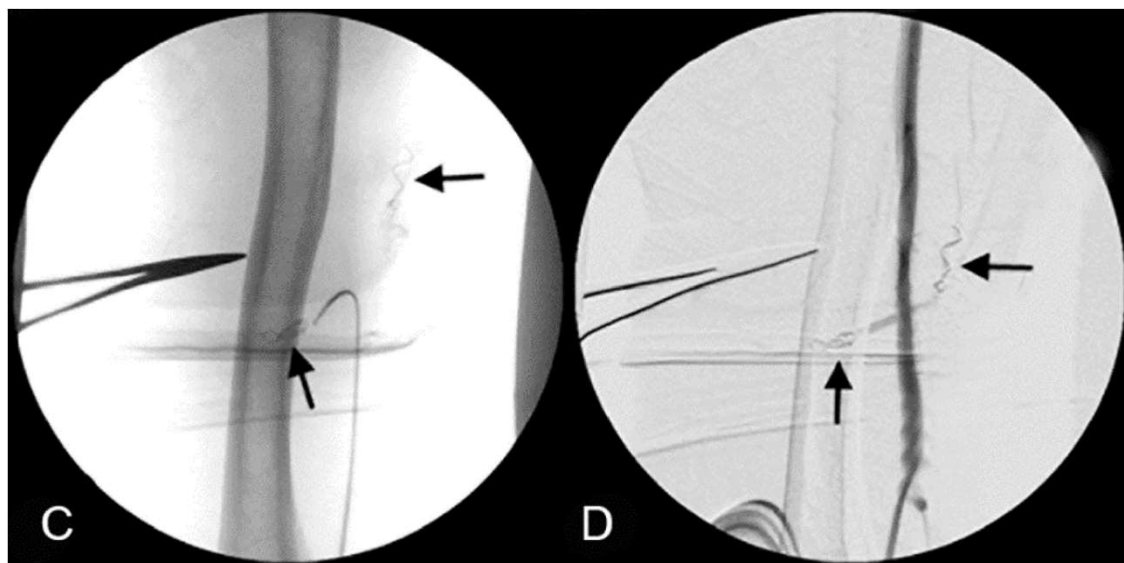
# Coil Insertion

- 36901 – used for the initial cannulation and angiogram of the access
- Selective catheterization cannot be coded, it is bundled with 36901
- +36909 – this is a new code for placement of an embolization coil
  - Can only be used once regardless of the number of vessels into which coils are placed
- Any of 36901- 6 codes can be used as a primary code with + 36909
- The code +36909 is not on the ASC code list

## First Vein Coiled



## Second Vein Coiled



Procedure	Preliminary Codes	Modifications	Final Codes
Cannulation	---	Bundled with 36901	
Angiogram of dialysis access - pre	36901	Primary code	36901
1 <sup>st</sup> order selected catheterization, venous	36011	Bundled with 36901	
1 <sup>st</sup> order selected catheterization, venous	36011	Bundled with 36901	
Venous coil	+36909	Add-on code 36901 is primary code	+ 36909
Angiogram of dialysis access - post	---	Bundled with +36909	

# Sedation

- There are two new codes that can be used for analgesia/sedation
- 99152 – for the initial 15 minutes of sedation
- 99153 – for each additional 15 minutes of sedation, can be used multiple times
- It is obvious from this that the time duration of sedation will need to be documented in the procedure note



# Sedation

Time	Pattern	Code
Less than 10 minutes		Not reported
10 - 22 minutes	$10 \pm 7$	99152
23 - 37 minutes	$30 \pm 7$	99152 + 99153
38 - 52 minutes	$45 \pm 7$	99152 + 99153 X 2
53 - 67 minutes	$60 \pm 7$	99152 + 99153 X 3
68 - 82 minutes	$75 \pm 7$	99152 + 99153 X 4
etc	etc	etc

# Sedation

- Only face-to face time with patient during moderate sedation can be coded ( physician must be physically present)
  - Recovery time cannot be coded
  - If face-to-face time is required during recovery because of a complication of MS, it cannot be coded – it is regarded as post-service work
- If standardized pre-procedure sedation dose is given – cannot code
- If medication is for pain relief or anxiety relief and not moderate sedation – cannot code
- Codes are not available in ASC