

## Common Vascular Access, CKD and ESRD Procedure and Diagnostic Codes

### Coding

1. Q: What are the codes for vein mapping?  
A: ***The code is G0365. G0365 is the code to use when mapping the veins in the extremity for hemodialysis access.***
  
2. Q: Is code 36800 for an A/V Graft or a Catheter?  
A: ***This code is used when insertion of a cannula into the vein for dialysis access occurs.***
  
3. Q: What are the codes for physical examination for access placement and monitoring once placed?  
A: ***Physical examination comprises a component of an Evaluation and Monitoring service. Monitoring of the access placement is part of the monthly capitation service by the physician and when performed in the dialysis unit when the patient is on dialysis, is part of the nursing service provided to the patient.***
  
4. Q: Can you provide a list of diagnoses and CPT codes for identifying hemodialysis catheters/AVFs/AVGs?  
A: ***There are no specific hemodialysis catheter codes; however, codes 36556, 36565, and 36566 are commonly used for dialysis catheter placement.***
  
5. Q: What are the diagnosis codes for identifying access infection (e.g., infection due to different types of vascular accesses for hemodialysis)?  
A: ***See coding matrix.***
  
6. Q: For catheter codes, should we only include those procedures that are listed with a renal diagnosis code? If so, this list only includes 403.01 and 403.11. Are these the only diagnosis codes that should count? Or would the other codes also count (e.g., 585.4, 585.5, etc)?  
A: ***Catheter codes are nonspecific. See coding matrix below.***
  
7. Q: USRDS is commonly used as a resource for data. How do we compare the codes used in the field (e.g., hospitals, dialysis facilities) to the codes used by USRDS?  
A: ***All ESRD patients, regardless of insurance coverage and age, are included in the USRDS database. Only claims analyses, such as hospitalizations, costs, and clinical services, are restricted to Medicare patients. (From the USRDS Website, Frequently Asked Questions at: <http://www.usrds.org/faq.htm>)***

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### Billing

1. Q: Is there a way to bill for vascular access procedures retroactively?  
A: *Not at this time*
2. Q: Surgeons are telling us they will not be paid if they do vascular access procedures on CKD patients who initiate dialysis as an inpatient. Is this true?  
A: *No. If the patient is on Medicare, has Part B coverage, and is an ESRD patient, the physician will be reimbursed for services rendered.*
3. Q: Will Medicare pay retrospectively for vascular access placement for the patient who is Medicare eligible when they transition to CKD 5 and start on dialysis?  
A: *Not at this time.*

### Hospital Related

1. Q: Clarification is needed for vascular access procedures that are covered during one inpatient hospitalization (e.g., vessel mapping, catheter placement, AVF placement, catheter removal, etc). Also, are their limitations on payment if a catheter and AV fistula are placed at the same time?  
A: *All vascular access procedures are covered by Medicare in the inpatient and outpatient setting. If two procedures are performed at the same time, the physician is reimbursed at 100% of the payment for the highest paid procedure and 50% for the second procedure.*
2. Q: Is CMS able to capture all AVF surgery done as an outpatient?  
A: *Yes all Part B Claims data can be captured.*

### Resources Requested

1. Q: List of diagnosis codes and procedure codes for vascular access interventional procedures.  
A: *There are no specific hemodialysis catheter codes, however, codes 36556, 36565, and 36566 are commonly used for dialysis catheter placement. See coding matrix.*
2. Q: Contact information (i.e., resource person name and contact number) from each of the FI's who can answer questions and/or refer callers to.  
A: *See Fiscal Intermediary list at:*  
[www.cms.hhs.gov/ContractingGeneralInformation/Downloads/02\\_ICdirectory.pdf](http://www.cms.hhs.gov/ContractingGeneralInformation/Downloads/02_ICdirectory.pdf)

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3. Q: List of diagnosis codes used for CKD and ESRD patients with an explanation?

A: *See coding matrix below.*

4. Q: List of guidelines on what multiple procedures can be done within the inpatient setting (e.g., vessel mapping, catheter placement, AVF placement, surgeon or interventional referrals, catheter removal) and be reimbursed.

A: *All of these services can be provided in the inpatient setting. If the patient is a Medicare patient, has Part B coverage, is in the ESRD program, all of these services if provided by a clinician will be reimbursed.*

5. Q: List of catheter codes (related to CKD/renal).

A: *There are no specific hemodialysis catheter codes, however, codes 36556, 36565, and 36566 are commonly used for dialysis catheter placement.*

**Common Vascular Access, CKD and ESRD Procedure and Diagnostic Codes**

<b>Procedure Code</b>	<b>Description</b>	<b>Diagnosis</b>	<b>Description</b>
<b>AVF Placement</b>			
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition		
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition		
36820	Arteriovenous anastomosis, open; by forearm vein transposition		
36821	Arteriovenous anastomosis, open; direct, any site		
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis; autogenous graft		
<b>AVF Revision</b>			
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or non-autogenous dialysis graft		
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or non-autogenous dialysis graft		
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or non-autogenous dialysis graft		
36834	Plastic repair of arteriovenous aneurysm		
37607	Ligation or banding of angioaccess arteriovenous fistula		
<b>AV Graft</b>			
36800	Insertion of cannula for hemodialysis, other purpose; vein to vein		
36810	Insertion of cannula for hemodialysis, other purpose; arteriovenous, external		
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis; non-autogenous graft		
<b>Central Venous Catheter</b>			
36011	Selection catheter placement, venous system; first order branch		
36012	Selection catheter placement, venous system; second order, or more selective, branch		
36488	Insertion of catheter, vein		
36489	Insertion of catheter, vein		

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<b>Procedure Code</b>	<b>Description</b>	<b>Diagnosis</b>	<b>Description</b>
36490	Insertion of catheter, vein	40301, 40311, 40391, 40402, 40403, 40412, 40413, 40492, 40493, 5855, 5856, 5859, 586	Renal Diagnoses
36491	Insertion of catheter, vein	40301, 40311, 40391, 40402, 40403, 40412, 40413, 40492, 40493, 5855, 5856, 5859, 586	Renal Diagnoses
36500	Venous catheterization for selective organ blood sampling	40301, 40311, 40391, 40402, 40403, 40412, 40413, 40492, 40493, 5855, 5856, 5859, 586	Renal Diagnoses
36533	Insertion of access device		
36555	Insertion of non-tunneled centrally inserted central venous catheter		
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older		
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age		
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older		
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older		
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump		
36565	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump		
36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port		
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	40301, 40311, 40391, 40402, 40403, 40412, 40413, 40492, 40493, 5855, 5856, 5859, 586	Renal Diagnoses
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	40301, 40311, 40391, 40402, 40403, 40412, 40413, 40492, 40493, 5855, 5856, 5859, 586	Renal Diagnoses

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<b>Procedure Code</b>	<b>Description</b>	<b>Diagnosis</b>	<b>Description</b>
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	40301, 40311, 40391, 40402, 40403, 40412, 40413, 40492, 40493, 5855, 5856, 5859, 586	Renal Diagnoses
36580	Replacement, complete, of an non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access		
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access		
36800	Insertion of cannula for hemodialysis, other purpose; vein to vein		
49419	Insertion of intra-peritoneal cannula or catheter, with subcutaneous reservoir, permanent		
49420	Insertion of intra-peritoneal cannula or catheter for drainage or dialysis; temporary		
49421	Insertion of intra-peritoneal cannula or catheter for drainage or dialysis; permanent		
38.95	Venous Catheterization For Renal Dialysis		
39.27	Arteriovenostomy For Renal Dialysis		
39.42	Revision of arteriovenous shunt for renal dialysis		
39.93	Insertion Of Vessel-To-Vessel Cannula		
39.95	Hemodialysis		
54.94	Creation Of Peritoneovascular Shunt		
54.98	Peritoneal Dialysis		

**Common Vascular Access, CKD and ESRD Procedure and Diagnostic Codes**

<b>Diagnosis Code</b>	<b>Diagnosis Description</b>		
403.00	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified		
403.01	Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease		
403.10	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified		
403.11	Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease		
403.90	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified		
403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease		
404.00	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified		
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified		
404.02	Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease		
404.03	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease		

**Common Vascular Access, CKD and ESRD Procedure and Diagnostic Codes**

<b>Diagnosis Code</b>	<b>Diagnosis Description</b>		
404.10	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified		
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified		
404.12	Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease		
404.13	Hypertensive heart and chronic kidney disease, benign, with heart failure and chronic kidney disease stage V or end stage renal disease		
404.90	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified		
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified		
404.92	Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease		
404.93	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease		
585.1	Chronic kidney disease, Stage I		
585.2	Chronic kidney disease, Stage II (mild)		

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<b>Diagnosis Code</b>	<b>Diagnosis Description</b>		
585.3	Chronic kidney disease, Stage III (moderate)		
585.4	Chronic kidney disease, Stage IV (severe)		
585.5	Chronic kidney disease, Stage V		
585.6	End stage renal disease		
585.9	Chronic kidney disease, unspecified		
792.5	Cloudy (hemodialysis) (peritoneal) dialysis effluent		
996.1	Mechanical complication of other vascular device, implant, and graft		
996.56	Mechanical complication due to peritoneal dialysis catheter		
996.62	Infection and inflammatory reaction due to other vascular device, implant, and graft		
996.68	Infection and inflammatory reaction due to peritoneal dialysis catheter		
996.73	Other complications due to renal dialysis device, implant, and graft		
999.31	Infection due to central venous catheter		
V18.69	Family history of other kidney diseases		
V45.11	Renal dialysis status		
V45.12	Noncompliance with renal dialysis		
V56.1	Fitting and adjustment of extracorporeal dialysis catheter		
V56.2	Fitting and adjustment of peritoneal dialysis catheter		

**Common Vascular Access, CKD and ESRD Procedure and Diagnostic Codes**

<b>Diagnosis Code</b>	<b>Diagnosis Description</b>		
V56.31	Encounter for adequacy testing for hemodialysis		
V56.32	Encounter for adequacy testing for peritoneal dialysis		
V56.0	Aftercare involving extracorporeal dialysis		
V56.8	Aftercare involving other dialysis		