

Coding Guidance for Percutaneous Arteriovenous Dialysis Fistulas May 31, 2019

Percutaneous Fistula Creation

There are two procedures for the percutaneous or endovascular placement of an arteriovenous dialysis fistula (EndoAVF). The **WavelinQ device** uses angiographically directed catheterization of an artery and vein with subsequent radiofrequency ablation of vessel walls to create the fistula. The **Ellipsys device** uses ultrasound guided cannulation of an artery and vein with thermal ablation to create the fistula. This document provides coding guidance for the percutaneous AVF procedure. Vessel mapping for dialysis access (G0365) is often done prior to the day of the procedure and is coded separately.

Facility Coding

There are distinct C-codes for the facility to use under the Medicare Outpatient Prospective Payment System (OPPS—for the ambulatory surgical center—ASC—or hospital settings) in billing for the procedure (C9754 Ellipsys and C9755 WavelinQ). These codes include all services performed in doing the procedure (ultrasound, angiography, angioplasty, embolization, fistula creation, cannulation and selective catheterization). C-codes are not paid in the office site of service (pos 11). The physician office expense payment is included in the physician fee schedule non-facility payment.

Physician (Professional Component) Coding

There is no CPT code for the percutaneous creation of a dialysis fistula. Guidance for physician coding should be considered preliminary and may change as additional CPT codes are developed and experience is gained with these new procedures. At present, physicians performing the procedure should use the unlisted vascular surgery code (CPT code 37799). This code would be inclusive of all services performed during the endovascular AVF procedure (cannulation, ultrasound, angiography, ablation, angioplasty, coiling, etc). If complete vessel mapping was performed at the time of the procedure instead of prior to the procedure, then G0365 can be coded separately. Documentation should reflect that vessel mapping was not done prior to the day of the procedure. When using 37799, include a brief description of the procedure and a suggested crosswalk CPT code that you feel is similar in work to the fistula creation. The physician should choose the crosswalk code that is most similar in time and intensity to the endovascular fistula placement procedure. Additional information about how to submit an unlisted CPT code can be found at http://bulletin.facs.org/2017/08/unlisted-procedures-strategies-for-successful-reimbursement/#printpreview.

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While the choice of specific crosswalk code is responsibility of the procedure physician, possible percutaneous vascular crosswalk codes may include:

CPT	Description	Pre time*	Intra time*	Post time*
Code				
36217	Place cath in artery	31	60	20
37220	Iliac revasc	38	60	30
37221	Iliac revasc w-stent	38	90	30
37224	Fem-pop revasc	38	80	30
37226	Fem-pop revasc w-stent	38	90	30
37228	Tib peron revasc w-TLA	30	90	30
37246	Transl balloon angioplasty art	31	60	28

*time in minutes

RPA consciously takes a conservative position when providing coding and billing advice to its members, since the possible unintended consequence of taking a less conservative approach could be a claims audit with the potential of doing tremendous harm to an RPA member's practice. This guidance has been developed as a general information resource and is not intended to replace legal advice.