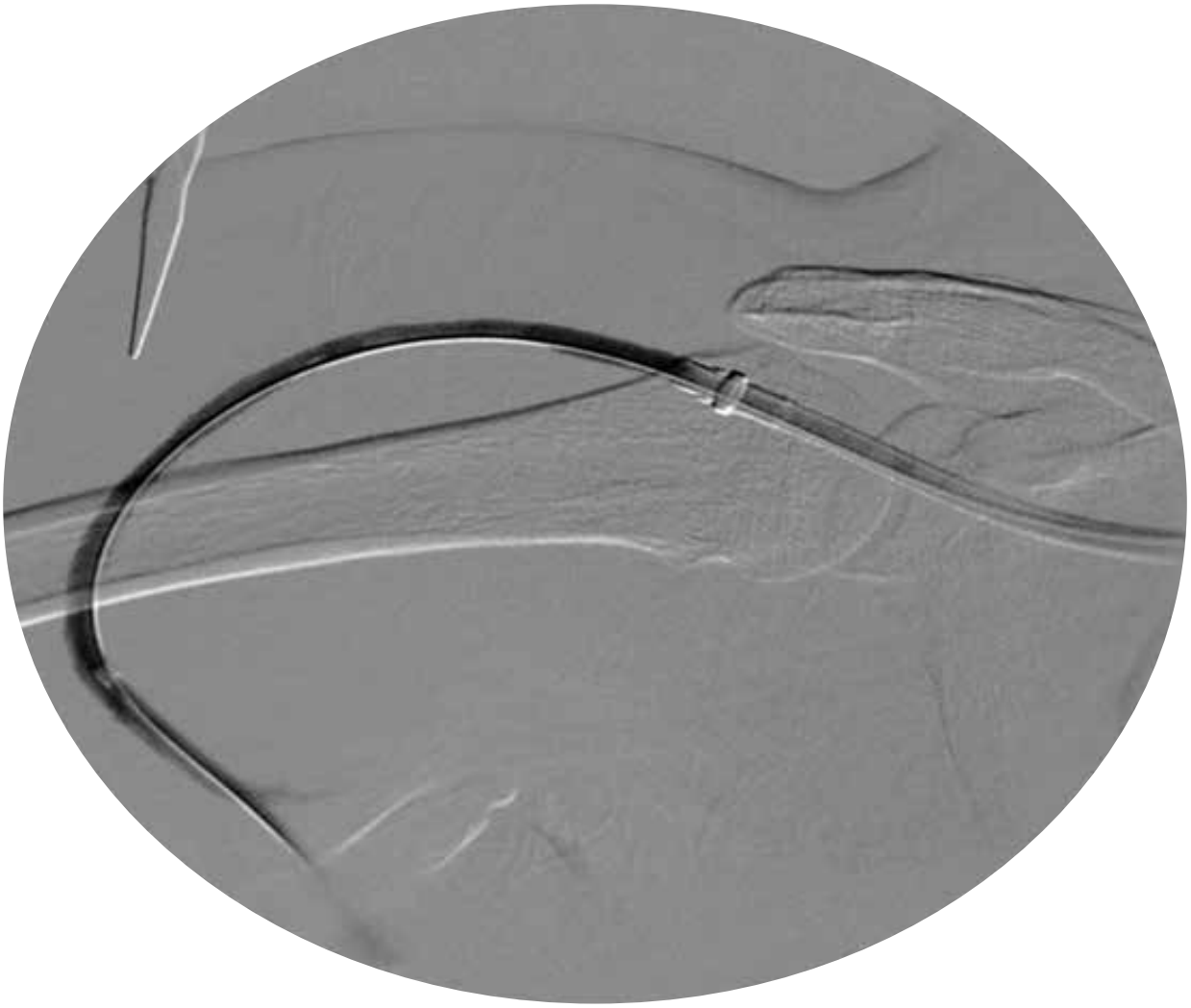
HeRO® GRAFT



2017 Reimbursement:
Declot, Exchange, and Revision

MERIT MEDICAL®

Hospital Outpatient & Physician Reimbursement Data
Potential Declot, Exchange, & Revision Codes

Common Diagnosisi Codes	
ICD-10-CM Diagnosis Code	**ICD-10-CM Diagnosis Description**
Z46.89	Encounter for fitting and adjustment of other specified devices
T82.49XA	Other complication of vascular dialysis catheter, initial encounter
T82.591A	Other mechanical complication of surgically created arteriovenous shunt, initial encounter
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
T82.868A	Thrombosis due to vascular prosthetic devices, implants and grafts, initial encounter
T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter

Potential Outpatient Procedure Codes			Payments*	
CPT® Code	**APC**	**CPT® I Code Description**	**APC Payment**	**Physician Payment**
36581	5182	Replacement, complete, of a tunneled centrally inserted al venous catheter, without subcutaneous port or pump, through same venous access	$2,340	$191
36589	5301	Removal of tunneled central venous catheter, without subcutaneous port or pump	$672	$142
36832	5183	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	$3,923	$796
36833	5183	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	$3,923	$854
36860	5181	External cannula declotting (separate procedure); without balloon catheter	$863	$114
36861	5183	External cannula declotting (separate procedure); with balloon catheter	$3,795	$138
36904**	5192	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s).	$4,823	$355
76937	NA	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting	Packaged	$15 (-26)
77001	NA	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete). or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, and necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position)	Packaged	$19 (-26)
93930	5523	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	$219	$41 (-26)
93931	5522	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	$117	$25 (-26)

*Outpatient APC payments based on Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Final Rule for Calendar Year 2017 (Federal Register, November 14, 2016). Physician payments based on Medicare and Medicaid Programs: Revisions to Payment Policies under the Physician Fee Schedule to Part B for Calendar Year 2017 (Federal Register, November 18, 2016).

** Code has a J1 status indicator and its use will result in the assignment of procedure to a comprehensive APC (C-APC) by Medicare.

DISCLAIMER: The information in this brochure is provided with the intent to assist in obtaining appropriate reimbursement for medical devices and services. It is NOT intended as legal advice. Seek legal counsel or a reimbursement specialist for further questions or clarifications. The provider makes all decisions concerning completion of reimbursement claim forms, including code section and billing amounts. This document is for information purposes only and represents no statement, promise, or guarantee by Merit concerning levels of reimbursement, payment or charges. This coding information may include codes for procedures for which Merit currently offers no cleared or approved products. The coding options listed within this guide are commonly used codes and are NOT intended to be an all-inclusive list.

Before using, refer to Instructions for Use for indications, contraindications, warnings, precautions and directions for use.

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