

2020 Coding and Reimbursement Guide

Ambulatory Surgery Center

Effective July 1, 2020

This coding and reimbursement guide contains the CPT® and HCPCS codes to describe percutaneous creation of arteriovenous fistula (endoAVF) using the Ellipsys® Vascular Access System in the Hospital Outpatient setting. Information contained in this coding and reimbursement guide reflects Medicare payments, payment status indicators and billing guidelines at the time it was prepared. Non-Medicare payers may have different rules and guidelines for coding and reimbursement for the procedures discussed in this document. Non-Medicare payers may not update their systems to recognize new codes mid-year. For appropriate code selection, it is recommended that you contact your local payer prior to claims submittal. It is the responsibility of the provider to submit claims using appropriate codes with accurate information.

The following information describes the codes available to report percutaneous creation of an arteriovenous fistula for dialysis (endoAVF) using the Ellipsys Vascular Access System and associated procedures.

I. Commonly Used Pre-procedure Codes and Payment

The table below provides the CPT codes and 2020 Medicare national average payment amounts.

CPT® Code ¹	Description	Physician Facility Payment ²	Status Indicator*	Ambulatory Surgery Center ³
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	\$39.70	P2	\$117.75
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	\$25.62	P2	\$56.63

II. Ellipsys Procedure Coding and Payment

As of July 1, 2020, HCPCS code C9754 was discontinued and replaced with G2170. ASCs may use HCPCS code G2170 to report the endoAVF procedure performed with the Ellipsys Vascular Access System. Non-Medicare payers may not recognize G2170 and in those circumstances if the fee schedule for the payer includes C9754 code, that should be used. The unlisted code 37799 should only be used if the payer does not have either code on their fee schedule.

The Ellipsys Vascular Access System catheter should be reported with HCPCS code C1889.

The table below provides the procedure code, HCPCS code and 2020 Medicare national average payment amounts.

HCPCS Code ⁴	Description	Physician Facility Payment ²	ASC Status Indicator*	Ambulatory Surgery Center ³
Procedure Code(s)				
G2170	Percutaneous arteriovenous fistula creation (avf), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and	Carrier Priced*	J8	\$8,861.68

	includes all imaging and radiologic guidance, supervision and interpretation, when performed†			
Device Code(s)				
C1889	Implantable/insertable device, not otherwise classified	NA	N	Packaged

III. Commonly Used Maintenance Codes and Payment

The table below provides CPT codes and 2020 Medicare national average payment amounts.

CPT® Code¹	Description	Physician Facility Payment²	ASC Status Indicator*	Ambulatory Surgery Center³
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	\$25.62	NA	NA
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	\$250.46	G2	\$2,141.74
+36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	\$210.40	N	Packaged
37607	Ligation or banding of angioaccess arteriovenous fistula	\$391.93	A2	\$1,341.23

For questions regarding coding, coverage and payment, please contact the Ellipsys® Reimbursement Hotline at 888-ENDOAVF (363-6283) or by email at ellipsys@emersonconsultants.com

References:

¹ 2020 Current Procedural Terminology (CPT®) Professional Edition. CPT® is a registered trademark of the American Medical Association. 2019. All rights reserved.

² CMS-1715-F; Physician Fee Schedule final rule CY2020. Effective through December 31, 2020. Conversion Factor: \$36.0896

³ CMS-1717-CN; Ambulatory Surgical Center Payment System Final Rule CY2020. Effective through December 31, 2020

⁴ Healthcare Common Procedure Coding System (HCPCS) Level II Expert, 2020. Centers for Medicare and Medicaid Service

*** Status Indicators –**

C: Carrier Priced.

A2: 'Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.

G2: 'Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

N: Packaged. Payment packaged into the primary procedure payment.

P2: 'Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS non-facility PE RVUs; payment based on OPPS relative payment weight.

†In Medicare's July 2020 ASC Update, the short descriptor for code G2170 is incorrect. The correct short descriptor is "AVF use by tissue w thermal e."

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The Ellipsys Vascular Access System is covered by Patents 8,951,276B2; 9,138,230B1; 9,439,710; 9,439,728; 9,445,868; 9,452,015; 9,474,562; 9,522,016; 9,649,157; 9,801,653. Additional Patents Pending. Ellipsys and EndoAVF are registered trademarks of Avenu Medical, Inc. ©Copyright 2020 Avenu Medical, Inc. All rights reserved. LIT022 Rev. A