

Medtronic

Engineering the extraordinary

Health Economics Policy & Reimbursement

Dialysis Circuit Interventions

Reimbursement Guide

2025



About this document

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

The purpose of this interactive PDF is to provide reimbursement information related to Medtronic’s Dialysis Circuit Interventions products.

For further information please see the links to the Inpatient, Outpatient and ASC rules as well as the Physician Fee Schedule in the references section on slide 12.

Alternatively, please contact the Health Economics Policy and Payment Team at:

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Navigating the document:

The buttons found in the top righthand corner can be used to help navigate the document.

Inpatient reimbursement:



Outpatient reimbursement:



ASC reimbursement:



Physician* reimbursement:



Coding† information:



Previous slide:



*Physician reimbursement includes OBL data

†Coding information general coding information and includes examples of:

- diagnosis codes (ICD-10-CM)
- inpatient procedure codes (ICD-10-PCS)
- place of service codes (POS)
- HCPCS C-Codes

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About this document

- National Unadjusted Reimbursement Rates:
 - Please note that all Medicare rates displayed in this table reflect the “national unadjusted” amounts inclusive of beneficiary cost-sharing and do not reflect any additional payment adjustments
- “+” represents an add-on code
- MS-DRG average payment is a weighted average based upon historical volumes for the MS-DRG group highlighted
- In the ASC section, “MPD” represents the “Multi-Procedure Discount”
- Under physician reimbursement:
 - Facility (“Fac”) reimbursement represents reimbursement to the physician in settings such as a hospital or Ambulatory Surgical Center (ASC)
 - Non-Facility (“NF”) includes office-based-labs (OBLs)
 - -TC represents the Technical Component modifier; -26 represents the Professional Component modifier
- Medtronic doesn’t offer products with approved indications for all procedures listed.



CMS FY 2025 Inpatient National Unadjusted Reimbursement Rates (effective October 1st, 2024, to September 30th, 2025)

MS-DRG	MS-DRG Description	Payment
252	Other Vascular Procedures w/ MCC	\$24,413
253	Other Vascular Procedures w/ CC	\$18,169
254	Other Vascular Procedures w/o CC/ MCC	\$12,450
Average Payment		\$20,245

Example Inpatient Procedure Codes

ICD-10-PCS	Description
037(*)3ZZ	Dilation of (upper artery), percutaneous approach
037(*)3Z1	Dilation of (upper artery), percutaneous approach, using drug-coated balloon
037(*)3(#)Z	Dilation of (upper artery), percutaneous approach, with intraluminal device(s)
*5,6,7,8,9,A,B,C	*represents values for angioplasty of specific artery, eg, axillary, brachial, ulnar, radial
#4,5,6,7,E,F,G	#represents values for stents, including the number of stents placed and type, eg, bare metal
03C(*)3ZZ	Extirpation of matter from (upper artery), percutaneous approach
*5,6,7,8,9,A,B,C	*represents values for thrombectomy of the specify artery, eg, axillary, brachial, ulnar, radial
03L(*)3DZ	Occlusion of (upper artery), percutaneous approach, with intraluminal device
*5,6,7,8,9,A,B,C	*represents values for embolization, eg, via coil, of the specify artery, eg, axillary, brachial, ulnar, radial

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

CMS CY 2025 Outpatient National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

CPT®	CPT® Description	Status Indicator	APC	Payment
36901	Dialysis Circuit Fistulogram	J1	5182	\$1,553
36902	Dialysis Circuit PTA, Peripheral Segment	J1	5192	\$5,702
36903	Dialysis Circuit Stent w/ or w/o PTA, Peripheral Segment	J1	5193	\$11,341
36904	Dialysis Circuit Thrombectomy	J1	5192	\$5,702
36905	Dialysis Circuit Thrombectomy w/ PTA, Peripheral Segment	J1	5193	\$11,341
36906	Dialysis Circuit Thrombectomy & Stent w/ or w/o PTA, Peripheral Segment	J1	5194	\$17,957
+36907	Central Segment PTA, Through Dialysis Segment	N		\$0
+36908	Central Segment Stent w/ or w/o PTA, Through Dialysis Segment	N		\$0
+36909	Dialysis Circuit Embolization or Occlusion	N		\$0

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CMS CY 2025 APC Complexity Adjustments

Comprehensive APC (C-APC) claims that contain: **two or more primary procedure codes** (J1 service units); **bilateral procedures** with modifier 50 (J1 bilateral service), or **certain add-on procedure codes** may be eligible for a **complexity adjustment**. This complexity adjustment **promotes the claim to the next higher cost APC within the primary procedure’s clinical family**. The complexity adjustments are developed for frequently occurring combinations that significantly increase the cost of the primary procedure claim.¹

Primary CPT®	Primary CPT® Description	Primary APC Assigned	Secondary or add-on CPT®	Secondary or add-on CPT® Description	Secondary APC Assigned	Complexity Adjusted APC Assignment
36901	Dialysis Circuit Fistulogram	5182	36907	Central Segment PTA, Through Dialysis Segment	N/A	5183
36901	Dialysis Circuit Fistulogram	5182	36908	Central Segment Stent w/ or w/o PTA, Through Dialysis Segment	N/A	5183
36901	Dialysis Circuit Fistulogram	5182	36909	Dialysis Circuit Embolization or Occlusion	N/A	5183

Note: This may not be an exhaustive list for all coding combinations and complexity adjustments. Please refer to Addendum J for the complete list

¹ <https://www.cms.gov/files/document/2025-nfrm-opps-claims-accounting.pdf>

CMS CY 2025 ASC National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

CPT®	CPT® Description	Payment Indicator	MPD	Payment
36901	Dialysis Circuit Fistulogram	P3	Y	\$528
36902	Dialysis Circuit PTA, Peripheral Segment	G2	Y	\$2,630
36903	Dialysis Circuit Stent w/ or w/o PTA, Peripheral Segment	J8	Y	\$7,351
36904	Dialysis Circuit Thrombectomy	J8	Y	\$3,516
36905	Dialysis Circuit Thrombectomy w/ PTA, Peripheral Segment	J8	Y	\$6,491
36906	Dialysis Circuit Thrombectomy & Stent w/ or w/o PTA, Peripheral Segment	J8	Y	\$11,783
+36907	Central Segment PTA, Through Dialysis Segment	N1	N	\$0
+36908	Central Segment Stent w/ or w/o PTA, Through Dialysis Segment	N1	N	\$0
+36909	Dialysis Circuit Embolization or Occlusion	N1	N	\$0

CMS CY 2025 ASC C Codes for Combined Procedures & National unadjusted Payment Rates

A **primary surgical procedure** and **add-on code combination** may be eligible for **complexity adjustments** performed in the ASC setting through the **assignment of new HCPCS C-codes**. Due to claims processing system limitations at this time, the billing of these new C-codes will be used a workaround to provide a complexity adjustment to ASCs when performing these specific code pairs.¹

CPT®	CPT® Description	National Unadjusted Payment
C7513	Dialysis Circuit Fistulogram with Central Segment PTA, Through Dialysis Segment	\$1,589
C7514	Dialysis Circuit Fistulogram with Central Segment Stent w/ or w/o PTA, Through Dialysis Segment	\$1,589
C7515	Dialysis Circuit Fistulogram with Dialysis Circuit Embolization or Occlusion	\$1,589

Note: This may not be an exhaustive list for all coding combinations and complexity adjustments. Please refer to the ASC final rule for a comprehensive list. Complexity adjustment explanation in the ASC setting can be found in the 2023 final rule: ¹ <https://www.cms.gov/files/document/mm13041-ambulatory-surgical-center-payment-system-january-2023-update.pdf>

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CMS CY 2025 Physician National Unadjusted Reimbursement Rates (effective January 1st, 2025, to December 31st, 2025)

CPT®	CPT® Description	Work RVUs	NF Payment	Fac Payment
36901	Dialysis Circuit Fistulogram	3.36	\$654	\$160
36902	Dialysis Circuit PTA, Peripheral Segment	4.83	\$1,113	\$227
36903	Dialysis Circuit Stent w/ or w/o PTA, Peripheral Segment	6.39	\$3,845	\$298
36904	Dialysis Circuit Thrombectomy	7.50	\$1,667	\$348
36905	Dialysis Circuit Thrombectomy w/ PTA, Peripheral Segment	9.00	\$2,087	\$419
36906	Dialysis Circuit Thrombectomy & Stent w/ or w/o PTA, Peripheral Segment	10.42	\$4,905	\$482
+36907	Central Segment PTA, Through Dialysis Segment	3.00	\$545	\$139
+36908	Central Segment Stent w/ or w/o PTA, Through Dialysis Segment	4.25	\$1,298	\$196
+36909	Dialysis Circuit Embolization or Occlusion	4.12	\$1,719	\$190



Dialysis Circuit

Peripheral Segment

Central Segment

The dialysis circuit encompasses the vessels and grafts extending from the arterial anastomosis to the right atrium. The perianastomotic segment, including the artery immediately adjacent to the arterial anastomosis, the arterial anastomosis itself, and the short segment of venous outflow immediately adjacent to the arterial anastomosis are included. The dialysis circuit is composed of two segments: peripheral and central.

The peripheral segment of the dialysis circuit begins at the arterial anastomosis and extends to the central dialysis segment. In the upper extremity, it extends through and includes the axillary vein (or the entire cephalic vein for cephalic venous outflow). In the lower extremity, it extends through the common femoral vein. The perianastomotic segment is included in the peripheral dialysis segment.

The central segment includes all veins from the peripheral dialysis segment to the right atrium. In the upper extremity, it includes the subclavian vein, innominate vein, and the superior vena cava. In the lower extremity, it includes the common femoral, external iliac, and common iliac veins and the inferior vena cava. Other veins may also be included in the central segment, such as collateral veins circumventing stenosis of the subclavian vein by draining into the jugular vein to reach the superior vena cava.

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Coding Information

Example Diagnosis Codes

ICD-10-CM	ICD-10-CM Description
T82.858A	Stenosis of other vascular prosthetic devices, implants and grafts
T82.590A	Other mechanical complication of surgically created arteriovenous fistula (eg, non-maturing)
T82.591A	Other mechanical complication of surgically created arteriovenous shunt

Example Place of Service Codes

POS Code	POS Description	POS Code	POS Description
11	Physician Office	22	On-Campus Outpatient Hospital
19	Off-Campus Outpatient Hospital	24	Ambulatory Surgical Center
21	Hospital Inpatient		

Example HCPCS C-Codes

HCPCS Code	HCPCS Description
C1725	Catheter, transluminal angioplasty, non-laser (may include infusion/perfusion capability)
C1876	Stent, non-coated/non-covered, with delivery system
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser

References

For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

- The Inpatient rules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html>
- Outpatient rules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html>
- ASC rules (including an explanation of Payment Indicators) can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index.html>
- Physician Fee Schedules can be found at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/>

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Code descriptions have been abbreviated in this document. For specific AMA descriptions of current CPT® coding, please refer to the most recent version of the CPT® Coding Book.

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