

2025 Percutaneous AV Fistula Creation Coding Guide

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Procedure Type	CPT®	Description
Vessel Mapping, Preoperative	93985	Duplex scan of arterial inflow, venous outflow, <u>bilateral</u> study
	93986	Duplex scan of arterial inflow, venous outflow, <u>unilateral</u> study
Fistula Creation	36836	Percutaneous AVF creation, <u>single</u> access of both peripheral artery & vein
	36837	Percutaneous AVF creation, <u>separate</u> access of both peripheral artery & vein
Follow-up	93990	Duplex scan of hemodialysis access (inc. arterial inflow, body of access and venous outflow)
Maturation Procedures, During Separate Encounter from Fistula Creation*	36902	Dialysis circuit PTA, peripheral segment
	+36907	Central segment PTA, through dialysis circuit
	+36909	Dialysis circuit embolization or occlusion
	36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
	36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or non-autogenous dialysis graft (separate procedure)
	37246	PTA (outside dialysis circuit), initial artery
	37607	Ligation or banding of angioaccess arteriovenous fistula
	37799	Unlisted procedure, vascular surgery

*The codes listed here are shown in numerical order and not necessarily the order in which a patient may receive care. A patient may not receive all of these procedures. It may also not be appropriate for a provider to bill for all of the codes.

General Coding Notes - [Click here to access our Coding Corner Article](#)

- 93985 & 93986 represent a complete extremity duplex scan with the evaluation of both arterial inflow and venous outflow, explicitly for preoperative vessel assessment prior to creation of hemodialysis access.
- 36836 represents percutaneous AVF creation in the upper extremity for hemodialysis access, specifically defined for image-guided percutaneous access into a peripheral artery and peripheral vein via single access.
- 36836 is a bundled code that includes all vascular access, angiography, imaging guidance, and blood flow redirection or maturation techniques (e.g., transluminal balloon angioplasty, coil embolization) performed at the time of fistula creation. Do not report these separately.
- +36907 is an add-on code and must be billed with 36818-36833 or 36901-36906.
- +36909 is an add-on code and must be billed with 36901-36906. It includes all permanent vascular occlusions within the dialysis circuit, eg, coiling, and may only be reported once per encounter per day.
- For questions on the appropriate code to bill balloon maturation procedures, or any other coding information related to this therapy, please contact the Medtronic's Cardiovascular Health Economics, Policy & Reimbursement team.

Example Diagnosis Codes

ICD-10-CM	ICD-10-CM Description
N18.6	End stage renal disease
Code first the underlying condition causing the end stage renal disease, if known.	
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease

Inpatient Procedure Codes for Percutaneous AVF Creation

ICD-10-PCS	ICD-10-PCS Description
X2KB317	Bypass Right Radial Artery using Thermal Resistance Energy, Percutaneous Approach, New Technology Group 7
X2KC317	Bypass Left Radial Artery using Thermal Resistance Energy, Percutaneous Approach, New Technology Group 7

Example HCPCS Codes - [Click here to access our C-Code Finder & C-Code List](#)

C1889	Implantable/insertable device, not otherwise classified
C1725	Catheter, transluminal angioplasty, non-laser (may include infusion/perfusion capability)

Example Place of Service Codes

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

Note: The diagnosis, inpatient procedure, HCPCS, or Place of Service codes above are examples, and not an exhaustive list of applicable codes.

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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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