

HERO[®]

Vascular Access Device



2010

REIMBURSEMENT

DECLOT EXCHANGE AND REVISION



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Restoring Lives, Revolutionizing Care.

Hospital Outpatient & Physician Reimbursement Data

Potential Declot, Exchange, Revision Codes

Common Diagnosis Codes	
ICD - 9 - CM Diagnosis Code	ICD - 9 - CM Diagnosis Description
V53.99	Fitting and adjustment of other device
996.1	Mechanical complication of other vascular device, implant, and graft
996.62	Infection and inflammatory reaction due to other vascular device, implant, and graft
996.73	Other complications due to renal dialysis device, implant, and graft

Potential Outpatient Procedure Codes			Payments	
CPT® Code	APC	CPT® / APC Description	APC Payment	Physician Payment
36581	0622	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$1,708	\$160
36589	0121	Removal of tunneled central venous catheter, without subcutaneous port or pump	\$430	\$110
36832	0088	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$2,757	\$470
36833	0088	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$2,757	\$531
36860	0676	External cannula declotting (separate procedure); without balloon catheter	\$161	\$83
36861	0115	External cannula declotting (separate procedure); with balloon catheter	\$2,088	\$121
36870	0653	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	\$3,147	\$244
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	\$12 (-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	\$15 (-26)
93930	0267	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$155	\$18 (-26)
93931	0266	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$97	\$12 (-26)

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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 selection and billing amounts. This document is for information purposes only and represents no statement, promise, or guarantee by Hemosphere, Inc. concerning levels of reimbursement, payment or charges.



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