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**An Important Message from the ASDIN Coding Committee
as approved by the ASDIN Executive Committee**

Recent edits released by CMS through the National Correct Coding Initiative (NCCI) are in conflict with existing sections of the ASDIN Coding Manual. The ASDIN Coding Committee is actively working on these issues and hopes to be done in the spring. In the interim we would make the following coding recommendations and encourage the members to use them and share them with their intermediaries if indicated. It is important that members implement these suggestions whenever possible. Should your intermediary reject your charges, it is also important that you appeal all the way through the system.

1. A G0392 and G0393 can be used only once in a given procedure. However, both codes can and should be used together when indicated.
2. The definition of an arterial PTA has not changed.
3. Grafts and fistulas should be coded differently due to the increased level of complexity presented by fistulas.
4. In a graft:
 - a. Only one G0393 may be coded from the access origin up to but not into the central vessels.
 - b. PTA in the central vessels is coded 35476 with the associated 75978 S & I code for lesions in each separate named vessel. Central vessels are defined as those vascular structures within the bony thorax (subclavian, brachiocephalic and SVC) or the bony pelvis (External iliac, common iliac and IVC).
 - c. If a graft has dual drainage with lesions in each drainage, the main channel should be coded G0393 and the auxiliary channel 35476.
5. In a fistula:
 - a. G0393 should be used for the fistula channel itself, exclusive of the drainage. It may also be used with a G0392. The fistula channel is defined as that portion of the fistula that is used for cannulation. If this is in the forearm, it stops at the elbow. If it is in the upper arm, it stops at the beginning of the central veins.
 - b. Each named drainage vessel should be coded 35476 as is currently done; coding of central vessels is as above (same as for grafts). The fistula as defined above is counted as a vessel; all venous structures outside of this definition are counted as separate vessels.
6. Coding of G0393 with more than one 35476 should be considered unusual, requiring documentation of special circumstances warranting coding each usage
7. If a lesion is continuous between two separate named vessels, it should be counted as a single lesion, warranting only a single code.