

# Update on the Reimbursement of Percutaneous Maintenance of a Dialysis Access Circuit

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## Background

In 2017, the American Medical Association Current Procedural Terminology (CPT) and Specialty Society Relative Value Scale Update Committee (RUC) bundled CPT codes for dialysis interventions. Through this process, there was a significant decrease in re-imbursement of many of the common dialysis procedures. Most interventional radiology procedures fall under the *Standard Payments Adjustments* model, where CPT codes are ranked in order from highest to lowest. The highest CPT codes are reimbursed at full value, but the subsequent CPT codes are reimbursed only at fifty percent (50%) of the fee schedule. This introduces inaccuracies and challenges to adequate reimbursement.

## Clinical Findings

The new CPT codes for dialysis procedures are bundled as follows: three codes (36901, 36902, 36903) bundle the work involved in the percutaneous management of a patent dialysis access, three codes (36904, 36905, 36906) bundle endovascular dialysis access thrombectomy procedures, and three add-on codes (36907, 36908, 36909) reflect additional work in the central veins and/or branch vessel embolization.

Using the CMS's Physician Fee Schedule Search Tool, we analyzed reimbursement for 2017 and 2018 for these bundled procedures. After initialization of the bundled codes in 2017, there was a -57.8% to 8.8% change in reimbursement. From 2017 to 2018 there was a -0.3% to 16.8% change in reimbursement.

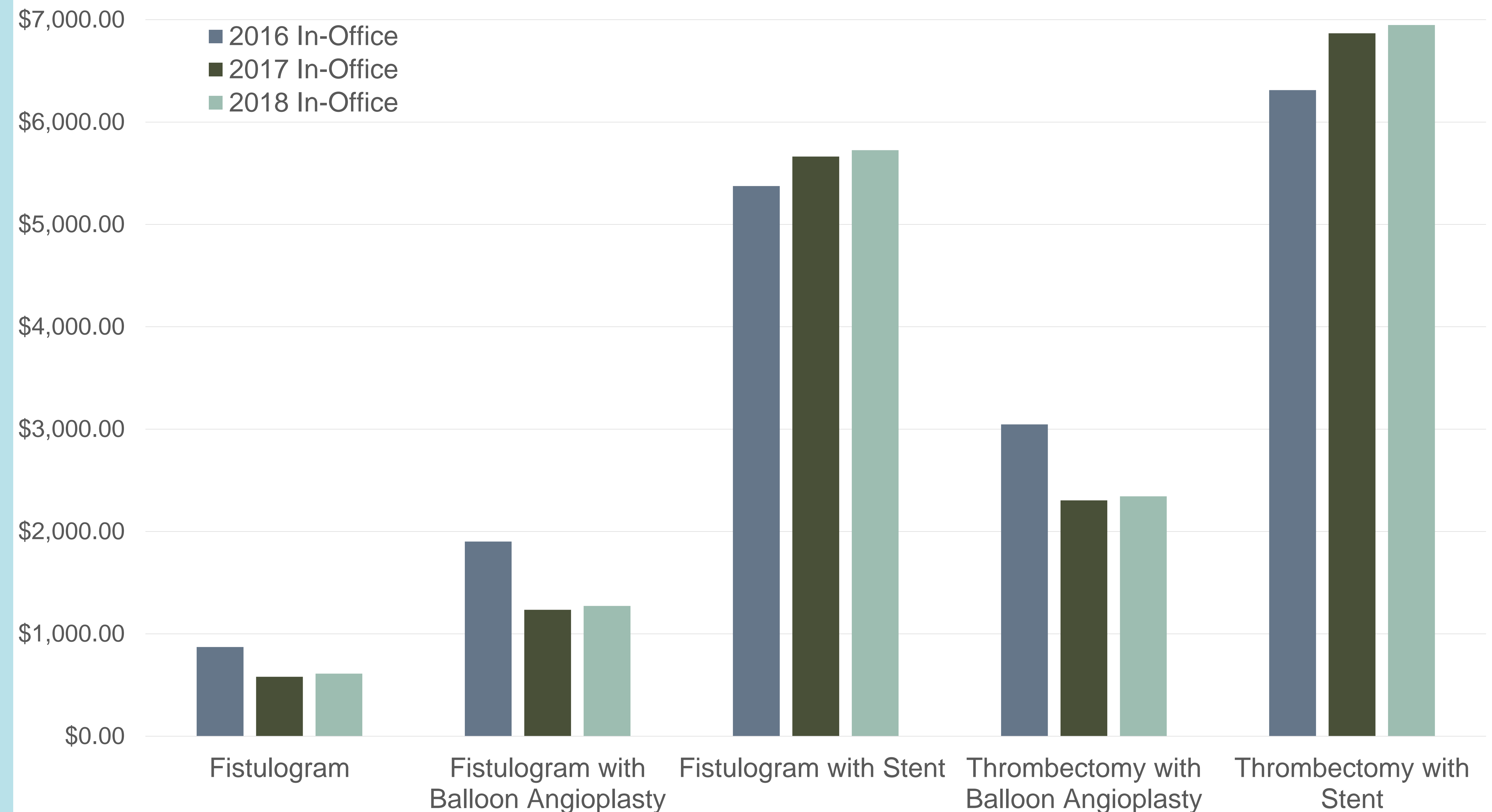
Figure 1 compares the in-office financial change in reimbursement from 2016 to 2018.

Table 1 demonstrates the cost and percent change for common bundled hemodialysis maintenance procedures from 2016 to 2018.

## Conclusion

The change in reimbursement for the dialysis access work is concerning, however, understanding how to correctly bill for dialysis procedures is vital for appropriate reimbursement. By following the guidelines for each CPT code, billing can be enhanced and under-coding can be evaded.

Figure 1: 2016-2018 Price Change in Reimbursement for Common Bundled Hemodialysis Maintenance Procedures



	CPT Code 2017	2016		2017		2018		% Change in 2017 Reimbursement		% Change in 2018 Reimbursement	
		In-Hospital	In-Office	In-Hospital	In-Office	In-Hospital	In-Office	In-Hospital	In-Office	In-Hospital	In-Office
Fistulogram	36901	\$210.36	\$871.66	\$151.09	\$580.68	\$176.40	\$611.27	-28.17%	-33.38%	16.75%	5.27%
Fistulogram with Balloon Angioplasty	36902	\$394.93	\$1,902.11	\$225.02	\$1,234.93	\$251.28	\$1,272.83	-43.02%	-35.08%	11.67%	3.07%
Fistulogram with Stent	36903	\$730.24	\$5,375.30	\$307.93	\$5,663.24	\$332.64	\$5,725.38	-57.83%	5.36%	8.02%	1.10%
Thrombectomy with Balloon Angioplasty	36905	\$566.61	\$3,046.59	\$445.02	\$2,304.05	\$465.83	\$2,343.57	-21.46%	-24.37%	4.68%	1.72%
Thrombectomy with Stent	36906	\$886.52	\$6,312.12	\$519.31	\$6,867.30	\$538.19	\$6,948.64	-41.42%	8.80%	3.64%	1.18%
Thrombectomy with Central Stent	36905, 36908+	\$886.52	\$6,312.12	\$542.10	\$3,873.83	\$575.63	\$3,934.76	-38.85%	-38.63%	6.19%	1.57%
Tunneled Hemodialysis Catheter	36558	\$380.43	\$1,010.94	\$273.83	\$730.34	\$272.88	\$730.79	-28.02%	-27.76%	-0.35%	0.06%