



2022 Reimbursement:
Declot, Exchange, and Revision



Hospital Outpatient & Physician Reimbursement Data Potential Declot, Exchange, & Revision Codes

Common Diagnosis Codes		Potential Outpatient Procedure Codes			Payments*	
ICD-10-CM Diagnosis Code	ICD-10-CM Diagnosis Description	CPT® Code	APC	CPT® Code Description	APC Payment	Physician Payment
Z46.89	Encounter for fitting and adjustment of other specified devices	CPT 36581**	5183	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$2,924	\$185
		CPT 36589	5181	"Removal of tunneled central venous catheter, without subcutaneous port or pump"	\$552	\$139
T82.49XA	Other complication of vascular dialysis catheter, initial encounter	CPT 36832**	5184	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$4,870	\$769
		CPT 36833**	5184	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$4,870	\$822
		CPT 36860	5181	External cannula declotting (separate procedure); without balloon catheter	\$552	\$113
T82.591A	Other mechanical complication of surgically created arteriovenous shunt, initial encounter	CPT 36861**	5184	External cannula declotting (separate procedure); with balloon catheter	\$4,870	\$142
		CPT 36904**	5192	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s).	\$5,062	\$370
T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter	CPT 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	\$14 (-26)
T82.868A	Thrombosis due to vascular prosthetic devices, implants and grafts, initial encounter	CPT 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	\$19 (-26)
T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter	CPT 93930	5523	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$235	\$39 (-26)
		CPT 93931	5522	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$111	\$24 (-26)

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*Outpatient APC payments based on CY 2022 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1753FC) (Federal Register, November 16, 2021). Physician payment rates based on P Medicare and Medicaid Programs: CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (CMS-1751-F) (Federal Register, November 19, 2021).

** Code has a J1 status indicator and its use will result in the assignment of procedure to a comprehensive APC (C-APC) by Medicare.

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 section and billing amounts. This document is for information purposes only and represents no statement, promise, or guarantee by Merit concerning levels of reimbursement, payment or charges. This coding information may include codes for procedures for which Merit currently offers no cleared or approved products. The coding options listed within this guide are commonly used codes and are NOT intended to be an all-inclusive list.

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Before using refer to Instructions for Use for indications, contraindications, warnings, precautions, and directions for use.



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merit.com

Merit Medical Systems, Inc.
1600 West Merit Parkway
South Jordan, Utah 84095
1.801.253.1600
1.800.35.MERIT

Merit Medical Europe, Middle
East, & Africa (EMEA)
Amerikalaan 42, 6199 AE
Maastricht-Airport
The Netherlands
+31 43 358 82 22

Merit Medical Ireland Ltd.
Parkmore Business Park West
Galway, Ireland
+353 (0) 91 703 733

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