

# 2021 Endovascular Arteriovenous Fistula (EndoAVF) Reimbursement Guide

## Pre-Procedure Guidance

CPT Code	Description	Physician Office Freestanding Center	Professional	Hospital Outpatient	ASC	Non-Facility RVUs	Facility RVUs
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	\$274	\$39	\$230	\$116	7.84	1.12
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	\$158	\$24	\$109	\$55	4.53	0.69

## EndoAVF Creation

HCPCS Code	Description	Physician Office Freestanding Center	Professional	Hospital Outpatient	ASC	Non-Facility RVUs	Facility RVUs
G2171	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	Carrier Priced	Carrier Priced	\$16,064	\$9,877	Carrier Determined	Carrier Determined

## Maintenance

CPT Code	Description	Physician Office Freestanding Center	Professional	Hospital Outpatient	ASC	Non-Facility RVUs	Facility RVUs
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	\$157	\$24	\$109	N/A	4.51	0.7

## Inpatient Procedure

ICD-10-PCS	Description
03193ZF	Bypass Right Ulnar Artery to Lower Arm Vein, Percutaneous Approach
031A3ZF	Bypass Left Ulnar Artery to Lower Arm Vein, Percutaneous Approach
031B3ZF	Bypass Right Radial Artery to Lower Arm Vein, Percutaneous Approach
031C3ZF	Bypass Left Radial Artery to Lower Arm Vein, Percutaneous Approach

## Inpatient MS-DRG Description

Description	
264 Other Circulatory System O.R. Procedures	\$20,875

## Inpatient Follow-Up

ICD-10-PCS	Description
B34HZZ3	Ultrasonography of Right Upper Extremity Arteries, Intravascular
B34JZZ3	Ultrasonography of Left Upper Extremity Arteries, Intravascular
B34KZZ3	Ultrasonography of Bilateral Upper Extremity Arteries, Intravascular

Follow up codes are non-OR codes which do not affect DRG

## Device Code

HCPCS Code	Description
C1889	Implantable/insertable device, not otherwise classified

\* RVU = A relative value unit (RVU) represents physician work, practice expense and malpractice expense as defined by CMS CY 2021 guidelines.

\*\* Physician payment rates are based on CMS CY 2021 relative value units conversion factor of \$34,8931

American Medical Association's "Physician's Current Procedural Terminology CPT 2020", [www.ama-assn.org](http://www.ama-assn.org)

**Disclaimer:** Please note this coding information may include codes for procedures for which BD currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any BD products for which they are not cleared or approved.

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**Outpatient & ASC: Department of Health and Human Services, Centers for Medicare & Medicaid Services 42 CFR Parts 410, 411, 412, 414, 416, 419, 482, 485, 512 [CMS-1736-FC, 1736-IFC] RIN 0938-AU12; Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs**

**Physician: Department of Health and Human Services, Centers for Medicare & Medicaid Services 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425 [CMS-1734-F, CMS-1734-IFC, CMS-1744-F, CMS-5531-F and CMS-3401-IFC] RIN 0938-AU10, 0938-AU31, 0938-AU32, and 0938-AU33 Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies**

**Inpatient: Department of Health and Human Services, Centers for Medicare & Medicaid Services 42 CFR Parts 405, 412, 413, 417, 476, 480, 484, and 495 [CMS-1735-F] RIN 0938-AU11 Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates**

**Department of Health and Human Services, Centers for Medicare & Medicaid Services 42 CFR Parts 405, 412, 413, 417, 476, 480, 484, and 495 [CMS-1735-CN] RIN 0938-AU11 Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates**

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**Sequestration Disclaimer:** Rates referenced in these guides do not reflect Sequestration; automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2021

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