

Fistula First Breakthrough Initiative



Commonly Used Permanent* Vascular Access Codes

Code Type	Code	Descriptor
CPT	36818	Upper arm cephalic transposition (Requires dissection of distal cephalic vein and two incisions)
CPT	36819	Upper arm basilic vein transposition
CPT	36820	Forearm any vein transposition
CPT	36821	AV access with direct vein to artery anastomosis (snuff box, Cimino, antecubital...)
CPT	36825	AV access with other than direct arteriovenous anastomosis; autogenous graft
CPT	36830	AV access with other than direct arteriovenous anastomosis; non-autogenous graft (prosthetic)
CPT	37799	For Unlisted vascular procedure (such as lower extremity AVF) - requires supporting documentation
CPT	36831	Thrombectomy of AVF, open; no revision
CPT	36832	Revision of AVF, open; no thrombectomy
CPT	36833	Revision of AVF & thrombectomy, open
ICD-9	585.1	Stage 1 CKD
ICD-9	585.2	Stage 2 CKD
ICD-9	585.3	Stage 3 CKD
ICD-9	585.4	Stage 4 CKD
ICD-9	585.5	Stage 5 CKD
ICD-9	585.6	ESRD
ICD-9	585.9	CKD NOS
ICD-9	996.62	Infection due to a vascular device
ICD-9	996.73	Complication of internal prosthetic device, implant and graft for dialysis
ICD-9	V56.1	Used with revisions, where AVF replaced other access
ICD-9	V45.1	Renal dialysis status (used with new vessel mapping G-code)
ICD-9	V72.83	Other preoperative specified examination (used with new vessel mapping G-code)
Gov't.	G0365	Pre-access vessel mapping of superficial veins as well as arterial inflow and venous outflow. It can only be used when no previous access is done and can only be reported twice a year.

* Permanent refers to AV fistulas and AV grafts

Additional Information can be found on the Medicare Physician Fee Schedule by going to the following CMS website: <http://www.cms.hhs.gov/apps/pfslookup/step0.asp>. Other medical societies (Society for Vascular Surgery, American Society of Diagnostic and Interventional Nephrology, Society of Interventional Radiology) have additional billing booklets with more information on other related procedures.

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