

# Central Venous Lines, PICCs, Ports and Pumps

## 2009 CODING AND REIMBURSEMENT GUIDE

Placement of a non-tunneled or tunneled device requires that the site of entry, type of device, age of patient, and tunneling status be known.

### Centrally Inserted Central Venous Lines

Device Type	Age	Insertion	Repair	Partial Replacement (Cath Only)	Total Replacement	Removal
Non-tunneled	under 5	36555	36575	-	36580	code E/M
Non-tunneled	5 & older	36556	36575	-	36580	code E/M
Tunneled (no port/pump)	under 5	36557	36575	-	36581	36589
Tunneled (no port/pump)	5 & older	36558	36575	-	36581	36589
Tunneled with port	under 5	36560	36576	36578	36582	36590
Tunneled with port	5 & older	36561	36576	36578	36582	36590
Tunneled with pump	N/A	36563	36576	36578	36583	36590
Two tunneled cath, two access sites (no port/pump)	N/A	36565	36575(x2)*	-	36581(x2)*	36589(x2)*
Two tunneled cath, two access sites with port	N/A	36566	36576(x2)*	36578(x2)*	36582(x2)*	36590(x2)*

\* For multi-catheter devices, use the appropriate repair, partial replacement, complete replacement or removal code describing the service with frequency of two.

### Peripherally Inserted Central Venous Lines

Device Type	Age	Insertion	Repair	Partial Replacement (Cath Only)	Total Replacement	Removal
Non-tunneled (PICC)	under 5	36568	36575	-	36584	code E/M
Non-tunneled (PICC)	5 & older	36569	36575	-	36584	code E/M
Tunneled with port	under 5	36570	36576	36578	36585	36590
Tunneled with port	5 & older	36571	36576	36578	36585	36590

The procedures involving central venous access devices fall into five categories:

- Insertion (placement of catheter through a newly established venous access)<sup>1</sup>
- Repair (fixing device without replacement of either catheter or port/pump, other than pharmacologic or mechanical correction of intracatheter or pericatheter occlusion [see 36595 or 36596])<sup>1</sup>
- Partial replacement of only the catheter component associated with a port/pump device, not entire device<sup>1</sup>
- Complete replacement of entire device via same venous access site (complete exchange)<sup>1</sup>
- Removal of entire device<sup>1</sup>

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## Imaging Guidance

+76937	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 (List separately in addition to code for primary procedure)
+77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List in addition to code for primary procedure)

## Mechanical Removal of Obstructive Material

36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
36595 <sup>2</sup>	Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access
75901	Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
36596 <sup>2</sup>	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation

2. Do not report 36595 and 36596 in conjunction with 36593.

## Additional Central Venous Access Procedures

36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance
36598 <sup>3</sup>	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
76000	Fluoroscopy (separate procedure), up to 1 hour physician time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)

3. Do not report 36598 in conjunction with 36595, 36596 or 76000. For complete diagnostic studies, see 75820, 75825, 75827.

## 2009 Medicare Reimbursement for Central Venous Lines

Code	Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment <sup>1</sup>	APC	Facility Payment (National Medicare Avg <sup>2</sup> )	Fee When Service Is Provided in the Hospital or ASC (National Medicare Avg <sup>3</sup> )	Fee When Service Is Provided in Office (National Medicare Avg <sup>3</sup> )
<b>Centrally Inserted</b>						
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	\$362.66	0621	\$694.85	\$124.79	\$262.56
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$362.66	0621	\$694.85	\$119.38	\$225.06
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	\$584.01	0622	\$1,535.46	\$297.19	\$809.70
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	\$584.01	0622	\$1,535.46	\$284.57	\$783.73
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	\$681.36	0623	\$1,839.12	\$350.21	\$1,109.41
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	\$681.36	0623	\$1,839.12	\$339.03	\$1,097.87
36563	Insertion of tunneled centrally inserted central venous access device, with subcutaneous pump	\$681.36	0623	\$1,839.12	\$354.90	\$1,113.02
36565	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (e.g., Tesio type catheter)	\$681.36	0623	\$1,839.12	\$333.98	\$929.44
36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)	\$3,796.23	0625	\$5,206.87	\$357.06	\$3,453.02

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## 2009 Medicare Reimbursement for Central Venous Lines (cont.)

Code	Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment <sup>1</sup>	APC	Facility Payment (National Medicare Avg <sup>2</sup> )	Fee When Service Is Provided in the Hospital or ASC (National Medicare Avg <sup>3</sup> )	Fee When Service Is Provided in Office (National Medicare Avg <sup>3</sup> )
<b>Peripherally Inserted</b>						
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	\$362.66	0621	\$694.85	\$96.30	\$298.27
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	\$362.66	0621	\$694.85	\$97.38	\$260.40
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	\$632.01	0622	\$1,535.46	\$313.78	\$1,128.16
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	\$632.01	0622	\$1,535.46	\$305.12	\$1,170.00
<b>Imaging Guidance</b>						
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	There is no additional facility payment for imaging		There is no additional facility payment for imaging	\$24.89	\$173.84
75902	Mechanical removal of intraluminal (intra-catheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	There is no additional facility payment for imaging		There is no additional facility payment for imaging	\$19.84	\$101.71
76000	Fluoroscopy (separate procedure), up to 1 hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)	There is no additional facility payment for imaging		There is no additional facility payment for this service if billed on the same date of service as a HCPCS code assigned status indicator "T"  In all other circumstances, payment is made through a separate APC payment	\$8.66	\$95.22
+76937	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 (List separately in addition to code for primary procedure)	There is no additional facility payment for guidance		There is no additional facility payment for guidance	\$15.87	\$36.79
+77001	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) (List separately in addition to code for primary procedure)	There is no additional facility payment for guidance		There is no additional facility payment for guidance	\$19.12	\$103.87

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Repair, Repositioning, Replacement or Removal						
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump; central or peripheral insertion site	\$310.19	0109	\$303.59	\$40.39	\$156.17
36576	Repair of central venous access device, with subcutaneous port or pump; central or peripheral insertion site	\$440.76	0621	\$730.96	\$183.22	\$344.44
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump; central or peripheral insertion site	\$720.27	0622	\$1,645.88	\$209.55	\$481.13
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$385.67	0621	\$730.96	\$70.69	\$223.97
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$720.27	0622	\$1,645.88	\$198.37	\$725.66
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	\$848.99	0623	\$1,965.10	\$289.98	\$1,011.31

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## 2009 Medicare Reimbursement for Central Venous Lines (cont.)

Code	Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment <sup>1</sup>	APC	Facility Payment (National Medicare Avg <sup>2</sup> )	Fee When Service Is Provided in the Hospital or ASC (National Medicare Avg <sup>3</sup> )	Fee When Service Is Provided in Office (National Medicare Avg <sup>3</sup> )
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	\$848.99	0623	\$1,965.10	\$290.34	\$1,011.67
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	\$385.67	0621	\$730.96	\$72.85	\$220.73
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	\$751.47	0622	\$1,645.88	\$272.66	\$1,038.78
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	\$255.10	0109	\$303.59	\$137.77	\$162.30
36590	Removal of tunneled central venous access device, with subcutaneous port or pump; central or peripheral insertion	\$385.67	0621	\$730.96	\$196.20	\$264.73
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	\$446.62	0621	\$730.96	\$63.84	\$123.71
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	\$82.59	0676	\$162.01	\$60.23	\$111.09

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## 2009 Medicare Reimbursement for Central Venous Lines (cont.)

Code	Description	Ambulatory Surgery Center	Outpatient Hospital		Physician Services	
		Facility Payment <sup>1</sup>	APC	Facility Payment (National Medicare Avg <sup>2</sup> )	Fee When Service Is Provided in the Hospital or ASC (National Medicare Avg <sup>3</sup> )	Fee When Service Is Provided in Office (National Medicare Avg <sup>3</sup> )
<b>Obstruction Removal</b>						
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	\$20.44	0676	\$158.11	\$38.95	\$38.95
36595	Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access	\$998.05	0622	\$1,535.46	\$191.51	\$586.08
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	\$451.65	0621	\$694.85	\$45.44	\$131.64

1. 2009 Medicare Ambulatory Surgery Center Fee Schedule
2. 2009 Medicare Outpatient Prospective Payment System Fee Schedule
3. 2009 Medicare Physician Fee Schedule

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2009 physician fees for your local area can be found at the following CMS links:

[http://www.cms.hhs.gov/PFSlookup/02\\_PFSsearch.asp#TopOfPage](http://www.cms.hhs.gov/PFSlookup/02_PFSsearch.asp#TopOfPage)

or

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/list.asp#TopOfPage>

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