

Three tables follow listing the national Medicare payments for certain thrombectomy procedures. To accurately report a thrombectomy intervention, multiple/additional codes may be needed.

### Thrombus Management - Hemodialysis Grafts & Fistulae 2009

#### Physician Payments

These payments are for procedures performed in the hospital/ASC setting.

ICD-9 DIAGNOSIS	CPT CODE	PHYSICIAN PAYMENT	DESCRIPTION
996.74			Other complications due to other vascular device implant and graft
585.6			End stage renal disease
	36870	\$303	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
	75790	\$92	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation
	36145	\$101	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)

#### Hospital Inpatient Payments

ICD-9 DIAGNOSIS	ICD-9 PROCEDURE	DRG	MS-DRG PAYMENT	DESCRIPTION
996.74				Other complications due to other vascular device implant and graft
585.6				End stage renal disease
	38.93			Venous catheterization, not elsewhere classified
		314	\$9,739	Other circulatory system diagnoses with MCC

#### Hospital Outpatient Payments

ICD-9 DIAGNOSIS	CPT CODE	APC CODE	APC PAYMENT	DESCRIPTION
996.74				Other complications due to other vascular device implant and graft
585.6				End stage renal disease
	36870	0653	\$3,095	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
	75790	0668	\$683	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation
	36145	N/A†	-----	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)

† Status Indicator N - Packaged into other APC codes, not paid separately

<b>HCPCS</b>	C1757	ThromCat® Thrombus Removal System
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