



Reimbursement Guidelines

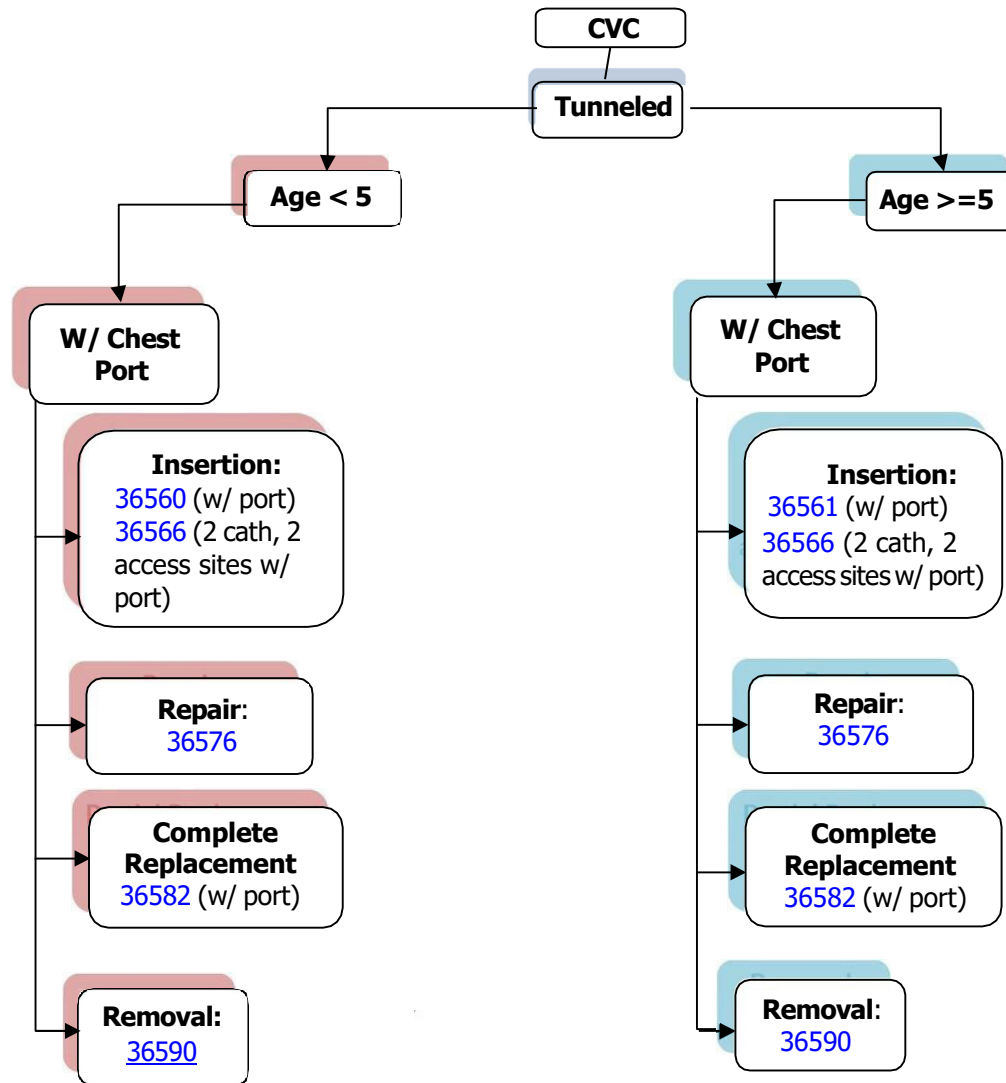
2025 Coding and Reimbursement Guidelines for
Vascular Access Procedures
EFFECTIVE JANUARY 2025



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Centrally Inserted CVC Overview – Example of CPT Coding Flow¹



Tunneled Venous Access

PHYSICIAN, HOSPITAL OPPTS, ASC CODING & PAYMENT (JANUARY 1, 2025 to DECEMBER 31, 2025)

Medicare 2025 National Average Payment (Not Geographically Adjusted)								
Service Provided		Physician Reimbursement ²				Hospital OPPS Payment ³		ASC Payment ⁴ (Payment Indicator)
		Non-Facility		Facility				
CPT® Code ¹	CPT® Description ¹	RVUs	Payment	RVUs	Payment	APC	Payment	
Tunneled								
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	35.37	\$1,144.10	11.55	\$373.60	5183 (J1)	\$3,147.50	\$1,588.69 (G2)
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	27.82	\$899.88	9.84	\$318.29	5183 (J1)	\$3,147.50	\$1,588.69 (A2)
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	116.08	\$3,754.78	10.59	\$342.55	5184 (J1)	\$5,405.70	\$3,009.55 (A2)
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	25.04	\$809.96	8.52	\$275.59	5183 (J1)	\$3,147.50	\$1,588.69 (A2)

Repair, Removal, and Replacement Procedures

PHYSICIAN, HOSPITAL OPPTS, ASC CODING & PAYMENT (JANUARY 1, 2025 to DECEMBER 31, 2025)

Medicare 2025 National Average Payment (Not Geographically Adjusted)								
Service Provided		Physician Fee Schedule ²				Hospital OPPS Payment ³		ASC Payment ⁴ (Payment Indicator)
		Non-Facility		Facility				
CPT® Code ¹	CPT® Description ¹	RVUs	Payment	RVUs	Payment	APC	Payment	
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	9.97	\$322.49	5.44	\$175.96	5182 (J1)	\$1,553.44	\$632.40 (A2)
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	6.63	\$214.46	5.65	\$182.76	5182 (Q2)	\$1,553.44	\$632.40 (A2)

Additional Procedures

PHYSICIAN, HOSPITAL OPPTS, ASC CODING & PAYMENT (JANUARY 1, 2025 to DECEMBER 31, 2025)

Medicare 2025 National Average Payment (Not Geographically Adjusted)								
Service Provided		Physician Fee Schedule ²				Hospital OPPS Payment ³		ASC Payment ⁴ (Payment Indicator)
		Non-Facility		Facility		APC ² (Status Indicator)		
CPT® Code ¹	CPT® Description ¹	RVUs	Payment	RVUs	Payment			
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	0.45	\$14.56	0.45	\$14.56	5523 (S)	\$241.72	N/A
75860	Venography, venous sinus (e.g., petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	1.60	\$51.75	1.60	\$51.75	5183 (Q2)	\$3,147.50	N/A Packaged (N1)
75820	Venography, extremity, unilateral, radiological supervision and interpretation	1.44	\$46.58	1.44	\$46.58	5182 (Q2)	\$1,553.44	N/A Packaged (N1)
37799	Unlisted procedure, vascular surgery	Medicare does not set a national physician payment for unlisted CPT codes. Check with local Medicare contractor				5181 (T)	\$618.26	Not Covered

Guidance Procedures

PHYSICIAN, HOSPITAL OPPTS, ASC CODING & PAYMENT (JANUARY 1, 2025 to DECEMBER 31, 2025)

Medicare 2025 National Average Payment (Not Geographically Adjusted)								
Service Provided		Physician Fee Schedule ²				Hospital OPPS Payment ³		ASC Payment ⁴ (Payment Indicator)
		Non-Facility		Facility		APC	Payment	
CPT® Code ¹	CPT® Description ¹	RVUs	Payment	RVUs	Payment			
76937*	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real-time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	0.40	\$12.94	0.40**	\$12.94	Imaging performed in the Hospital OPPS or ASC setting is packaged into the procedure payment.		
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 separately in addition to primary procedure)	0.54	\$17.47	0.54**	\$17.47			

*A permanent record or report of the ultrasound guidance must be documented, and multiple sites must be evaluated. ** (26) Physician component only, no technical component allowed.

References

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2. CMS, CMS 1807-F: Revisions to Payment Policies under the Medicare Physician Fee Schedule Quality Payment Program and Other Revisions to Part B for CY 2024. Conversion factor \$32.3465. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>. Published December 09, 2024. Effective January 1, 2025. Accessed December 10, 2024.
3. CMS, CMS-1809-FC: Hospital Outpatient Prospective Payment Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>. Published December 09, 2024. Effective January 1, 2025. Accessed December 10, 2024.
4. CMS, CMS-1809-FC: Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM) <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notice/cms-1809-fc>. Published December 09, 2024. Effective January 1, 2025. Accessed December 10, 2024.
5. CPT® 2024 Professional Edition, "Cardiovascular 36560-36640" Page 306-309, American Medical Association, 2024.

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