

National Correct Coding Initiative
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January 7, 2009

Robert M. Zwolak, MD, PhD
Sean Roddy, MD
Society for Vascular Surgery
633 N. St. Clair, 24th Floor
Chicago, IL 60611

Dear Drs. Zwolak and Roddy:

I thank you for your letter dated June 9, 2008 in which you comment about the proposed National Correct Coding Initiative (NCCI) edit with column one HCPCS code G0393 (transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; venous) and column two HCPCS code G0392 (transluminal balloon angioplasty, percutaneous; for maintenance of hemodialysis access, arteriovenous fistula or graft; arterial). We received comments from several national societies and organizations about this edit proposal. We discussed all the comments that we received with CMS (Centers for Medicare and Medicaid Services) which owns NCCI and makes all decisions about its contents.

CMS will implement the edit reversing the order of the codes and not allowing use of NCCI-associated modifiers in NCCI version 15.1 scheduled for April 1, 2009. The implemented edit will have column one HCPCS code G0392 and column two HCPCS code G0393 so that the higher paying code is the column one code. The column one code is the code that is payable if both codes of this code pair are reported together.

HCPCS codes G0392 and G0393 became active codes on January 1, 2007. Prior to that date, percutaneous transluminal balloon angioplasty of a hemodialysis access (e.g. arteriovenous fistula or graft) was reported with CPT codes 35476 (transluminal balloon angioplasty, percutaneous; venous) or 35475 (transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel). These CPT codes are non-specific with regard to anatomic site and created potential coverage and payment issues in the Ambulatory Surgical Center (ASC) site of service. CMS adopted HCPCS codes G0392 and G0393 to be used in lieu of CPT codes 35476 and 35475 to provide specificity with regard to anatomic site and coverage and payment for percutaneous transluminal angioplasty of a hemodialysis access in the ASC site of service. CMS did not intend to introduce codes that would change the nature of the procedure or its coding.



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Therefore, CMS will allow only one percutaneous transluminal balloon angioplasty code to be reported for the procedure performed on a hemodialysis access. Current coding conventions should be followed. The entire fistula or graft from the arterial anastomosis and the outflow vein up to, but not including, the subclavian vein is considered a single “vessel”, and only one code may be reported for percutaneous transluminal balloon angioplasty of this vessel. If access to this “vessel” for the procedure is through an artery, HCPCS code G0392 should be reported. If access to this “vessel” for the procedure is through a vein, HCPCS code G0393 should be reported.

CMS and we appreciate your assistance with the NCCI.

Sincerely,

**(Signed copy will be faxed if requested.
Please provide your fax number with the request.)**

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Cc: Marsha Mason-Wonsley, CMS CPT Coding Specialist
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