

Fistula First Breakthrough Initiative Wants You to Know

Level Payment Field for AVF & AVG

National guidelines (K-DOQI) state that 66% of prevalent hemodialysis patients should have an arteriovenous fistula (AVF) for their primary vascular access. Advantages of an AVF over an AV graft or temporary catheter are well-documented in the scientific literature. However, as of February 2009, only 51.9% of U.S. hemodialysis patients were dialyzing with an AVF.

Until recently there was a financial disincentive for the placement of AVFs over grafts but the 2009 Relative Value Unit (RVU) adjustments corrected this inequity as noted in the table below. There is a 31% increase over 2008 rates for CPT Code 36821 making AVFs payment equivalent to that of AVGs.

| Conversion Factor | |
|---|----------------|
| Medicare reimbursement for 1 RVU | |
| <i>Historical Conversion Factor Rates</i> | |
| 2005 | \$ 37.8975 |
| 2006 | 37.8975 |
| 2007 | 35.9848 |
| 2008 | 34.0682 |
| 2009 | 36.0666 |

The National Health Policy Forum has a concise explanation of RVUs by Laura Dummit at

www.nhpf.org/library/details.cfm/2720

For more information on the Fistula First Breakthrough Initiative visit www.fistulafirst.org.

| CPT Code | Descriptor | Total RVUs | 2009 CMS Payment | % change |
|----------|--|------------|------------------|------------|
| 36821 | AV fusion direct any site (<i>AV access with direct vein to artery anastomosis – snuff box, Cimino, antecubital</i>) | 18.19 | \$655.93 | 31% |
| 36830 | Artery-vein nonautograft (<i>AV access with other than direct arteriovenous anastomosis; non-autogenous graft – prosthetic</i>) | 18.22 | \$657.01 | 5% |

Vascular Access Surgery Change in Physician Reimbursement

2009