

2025 Dialysis Circuit Interventions Coding Guide

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CPT®	Description	CPT®	Description
36901	Dialysis Circuit Fistulogram	36906	Dialysis Circuit Thrombectomy & Stent w/ or w/o PTA,
36902	Dialysis Circuit PTA, Peripheral Segment	+36907	Central Segment PTA, Through Dialysis Circuit
36903	Dialysis Circuit Stent w/ or w/o PTA, Peripheral Segment	+36908	Central Segment Stent w/ or w/o PTA, Through Dialysis Circuit
36904	Dialysis Circuit Thrombectomy	+36909	Dialysis Circuit Embolization or Occlusion
36905	Dialysis Circuit Thrombectomy w/ PTA, Peripheral		

General Coding Notes

- Code 36901 is assigned when a fistulogram is the only intervention performed. Otherwise, it is included in 36902-36906.
- 36901-36906 codes include all accesses; catheterization and catheter movements within the circuit; contrast injections; imaging for diagnostics, guidance and follow-up S&I of the circuit; and access closure.
- Submit only one code per session for codes 36901-36906.
- Only bill +36907 and +36908 once per session. These codes can be reported with 36818-36833 & 36901-36906.
- Report +36909 once per encounter per day. This code can be reported with 36901-36906.

Dialysis Circuits from a Coding Standpoint

Dialysis Circuit

- The dialysis circuit encompasses the vessels and grafts extending from the arterial anastomosis to the right atrium. The perianastomotic segment, including the artery immediately adjacent to the arterial anastomosis, the arterial anastomosis itself, and the short segment of venous outflow immediately adjacent to the arterial anastomosis are included. The dialysis circuit is composed of two segments: peripheral and central.

Peripheral Segment

- The peripheral segment of the dialysis circuit begins at the arterial anastomosis and extends to the central dialysis segment. In the upper extremity, it extends through and includes the axillary vein (or the entire cephalic vein for cephalic venous outflow). In the lower extremity, it extends through the common femoral vein. The perianastomotic segment is included in the peripheral dialysis segment.

Central Segment

- The central segment includes all veins from the peripheral dialysis segment to the right atrium. In the upper extremity, it includes the subclavian vein, innominate vein, and the superior vena cava. In the lower extremity, it includes the common femoral, external iliac, and common iliac veins and the inferior vena cava. Other veins may also be included in the central segment, such as collateral veins circumventing stenosis of the subclavian vein by draining into the jugular vein to reach the superior vena cava.

Example Diagnosis Codes

ICD-10-CM	Description
T82.858A	Stenosis of other vascular prosthetic devices, implants and grafts
T82.590A	Other mechanical complication of surgically created arteriovenous fistula (eg, non-maturing)
T82.591A	Other mechanical complication of surgically created arteriovenous shunt

Example Inpatient Procedure Codes

ICD-10-PCS	Description
037(*)3ZZ	Dilation of (upper artery), percutaneous approach
037(*)3Z1	Dilation of (upper artery), percutaneous approach, using drug-coated balloon
037(*)3(#)Z	Dilation of (upper artery), percutaneous approach, with intraluminal device(s)
*5,6,7,8,9,A,B,C	*represents values for angioplasty of specific artery, eg, axillary, brachial, ulnar, radial
#4,5,6,7,E,F,G	#represents values for stents, including the number of stents placed and type, eg, bare metal
03C(*)3ZZ	Extirpation of matter from (upper artery), percutaneous approach
*5,6,7,8,9,A,B,C	*represents values for thrombectomy of the specify artery, eg, axillary, brachial, ulnar, radial
03L(*)3DZ	Occlusion of (upper artery), percutaneous approach, with intraluminal device
*5,6,7,8,9,A,B,C	*represents values for embolization, eg, via coil, of the specify artery, eg, axillary, brachial, ulnar, radial

Example Place of Service Codes

11	Physician Office	22	On-Campus Outpatient Hospital
19	Off-Campus Outpatient Hospital	24	Ambulatory Surgical Center
21	Hospital Inpatient		

Example HCPCS Codes—[Click here to access our C-Code Finder & C-Code List](#)

C1725	Catheter, transluminal angioplasty, non-laser (may include infusion/perfusion capability)
C1876	Stent, non-coated/non-covered, with delivery system
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser

Note: The diagnosis, inpatient procedure, HCPCS, or Place of Service codes above are examples, and not an exhaustive list of applicable codes.

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