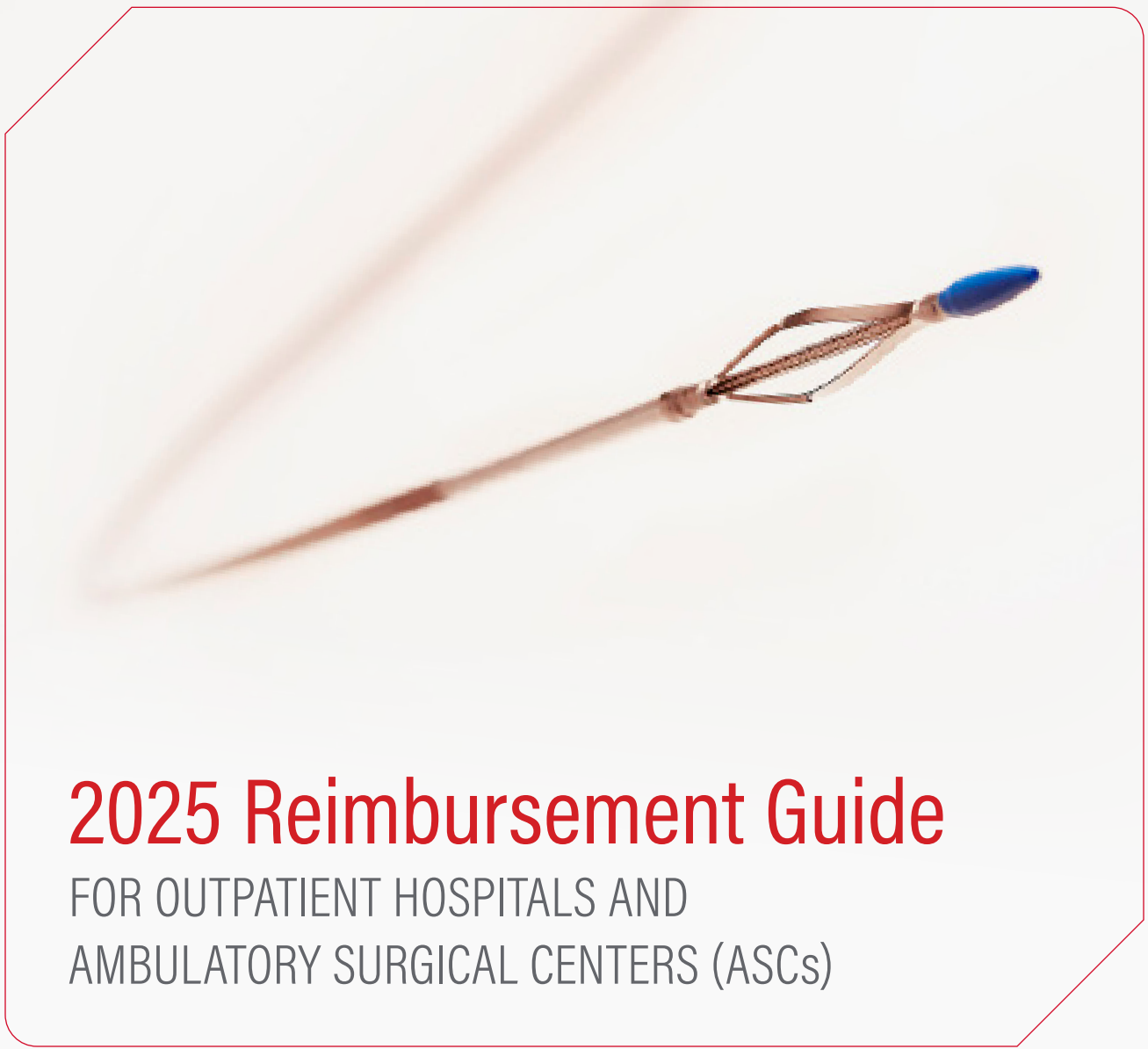




FLEX Vessel Prep™ System for
Dialysis Vascular Access Intervention



2025 Reimbursement Guide

FOR OUTPATIENT HOSPITALS AND
AMBULATORY SURGICAL CENTERS (ASCs)

2025 Coding Information for Hospital Outpatient Departments

Effective January 1, 2024, the Centers for Medicare and Medicaid Services (CMS) created Healthcare Common Procedure Coding System (HCPCS) code C1600 for hospital outpatient departments (HOPDs) to report the FLEX Vessel Prep™ System.¹

HCPCS Code	Description
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)

HOPDs may report C1600 with Current Procedural Terminology (CPT) codes 36902, 36903, 36905, and 36906 for procedures that utilize the FLEX Vessel Prep System.^{2,3}

CPT Code	Description
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image document and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image document and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Medicare Outpatient Ambulatory Payment Classification (APC) Assignment

Effective January 1, 2024, CMS assigned HCPCS C1600 to APC 2041: Catheter, bladed, vascular preparation.⁴

Medicare will allow a separate, transitional pass-through (TPT) payment for C1600. Medicare calculates TPT by converting the hospital's charges to costs based on the individual hospital's cost-to-charge ratio (CCR) for the specific cost center or if that is not available, the hospital's general CCR.

$$\text{APC Payment for Primary Procedure} + \left(\text{Hospital Charges for FLEX} \times \text{Hospital Cost-to-Charge Ratio (CCR)} \right) = \text{HOPD Payment}$$

HOPDs may receive the TPT in addition to reimbursement for the procedures reported by 36902, 36903, 36905, and 36906. Medicare Advantage and private payers may pay separately for the device, depending on individual hospital contracts with the payer.

CPT Code	APC	Description	2025 Payment Amount*	Status Indicator
36902	5192	Level 2 Endovascular Procedures	\$5,701.52	J1
36903 36905	5193	Level 3 Endovascular Procedures	\$11,340.57	J1
36906	5194	Level 4 Endovascular Procedures	\$17,956.72	J1

*Published payment rate was effective as of January 1, 2025, and is subject to change.

Revenue Codes

Revenue Code	Description
272	Sterile supply
278	Other implants

In addition to CPT and HCPCS codes, HOPDs will also need to report a revenue code for the FLEX Vessel Prep™ System. As this is a pass-through device, hospitals may consider assigning HCPCS code C1600 to revenue code 272 or 278.⁵

Place of Service Codes

HOPDs must indicate the appropriate place of service where the procedure was performed.

Place of Service Code	Code Description
Off Campus-Outpatient Hospital (19)	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
On Campus-Outpatient Hospital (22)	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

Claim Form Example

HOPDs use the CMS1450/UB or its electronic equivalent to submit claims. An excerpt from the CMS 1450/UB04 claim form for billing the FLEX Vessel Prep™ System is provided as an example below.

LINE	DESCRIPTION	HOPD / PROC / RPT / CODE	DATE	QUANTITY	TOTAL CHARGE	NON-RENDERED PRICES
PAGE	OF	CREATION DATE	TOTALS			

Field 44
For HOPDs, insert the CPT code for the procedure performed and C1600 for the FLEX Vessel Prep System

2025 Coding Information for Ambulatory Surgical Centers (ASCs)

Effective January 1, 2024, the Centers for Medicare and Medicaid Services (CMS) created Healthcare Common Procedure Coding System (HCPCS) code C1600 for ASCs to report the FLEX Vessel Prep™ System.⁶

HCPCS Code	Description
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)

ASCs may report C1600 with Current Procedural Terminology (CPT) codes 36902, 36903, 36905, and 36906 for procedures that utilize the FLEX Vessel Prep System.⁷

CPT Code	Description
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image document and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image document and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Medicare Ambulatory Surgical Center Payment

Medicare will allow a separate, transitional pass-through (TPT) payment for C1600. When calculating payment for C1600, Medicare reimburses the ASC for the service portion of the procedure reported by the CPT code. CMS then adds the payment for the FLEX Vessel Prep System itself based on the Medicare Administrative Contractor's (MACs) specific pricing guidance.

ASC Payment Rate for Primary Procedure	+	Device Payment Rate (MAC Priced)	=	ASC Payment
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Medicare will allow a separate, transitional pass-through (TPT) payment for C1600. ASCs may receive the TPT payment in addition to reimbursement for the procedures reported by 36902, 36903, 36905, and 36906.⁸ Medicare Advantage and private payers may pay separately for the device, depending on individual ASC contracts with the payer.

CPT Code	2025 Payment Amount	Payment Indicator
36902	\$2,629.62	G2
36903	\$7,351.35	J9
36905	\$6,491.10	J8
36906	\$11,783.21	J8

Place of Service Codes

ASCs must indicate the appropriate place of service where the procedure was performed.

Place of Service Code	Code Description
Ambulatory Surgical Center (24)	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis

Claim Form Example

ASCs use the CMS 1500 claim form or its electronic equivalent to submit claims. An excerpt from the CMS 1500 claim form for billing the FLEX Vessel Prep™ System is provided as an example below.

Item 19

Insert additional information as required by the payer (eg, name of the device, number of units, total cost)

Item 24D

Insert the CPT code for the procedure performed; and for ASCs, report C1600 for the FLEX Vessel Prep System

19. ADDITIONAL CLAIM INFORMATION (Designated by NCCI)										20. OUTSIDE LAB?		21. CHARTER							
Invoice: Flex device, 1 unit, total invoice cost of \$XXXX.XX										YES <input type="checkbox"/> NO <input type="checkbox"/>									
22. BASIS OF BILLING (NATURE OF ILLNESS OR ALIENY - Refer to 4.1 to verify the below (N/A))										23. DISPOSITION CODE		ORIGINAL REF. NO.							
A. XX		B. XX		C. XX		D. XX													
24. A. DATE OF SERVICE										25. PROCEDURE, SERVICES, OR SUPPLIES		26. DIAGNOSIS		27. CHARGES		28. PAYOR		29. REFERRING PROVIDER(S)	
MM	DD	YY	MM	DD	YY	TIME	UNIT(S)	DESCRIPTION	REVENUE	ICD-9-CM	ICD-9-CM	UNIT(S)	UNIT(S)	UNIT(S)	UNIT(S)	UNIT(S)	UNIT(S)		
1							3690X			A,B,C,D		\$XXX.XX							
2							C1600			A,B,C,D		\$XXX.XX							
3																			
4																			
5																			
6																			

To submit a Medicare claim for C1600, ASCs will need to submit invoice information. ASCs should place invoice information in Item 19 (Freeform Field, paper claim) or loop 2400 segment NTE02 (electronic claim) using the following format: name of the device, number of units, and the total cost.⁹

Frequently Asked Questions

› What is device transitional pass-through (TPT) payment?

TPT payment provides additional payment for new devices meeting specific eligibility criteria. TPT payment lasts for a period of at least 2 years but not more than 3 years while Medicare gathers additional data on the cost of the device.

› What is the TPT payment intended to do?

The intent of TPT is to facilitate patient access to new technologies with costs that Medicare has not accounted for in outpatient prospective payment system (OPPS) payment rate calculations.

› Does the TPT payment apply to Medicare Advantage and private payers?

TPT payment typically does not apply to Medicare Advantage and private payers. Medicare Advantage and private payers may use other payment methods to reimburse healthcare providers for new devices.

› What impact does the TPT payment have on the payment to physicians?

TPT payment applies to devices that are provided in the hospital outpatient and ASC settings. It does not apply to physician payments.

› Does Medicare cover the FLEX Vessel Prep™ System when used in an ASC or hospital outpatient setting?

Medicare covers the FLEX Vessel Prep System when used in an ASC or hospital outpatient setting when medically appropriate for the patient's condition.

› Do payers require prior approval for the FLEX Vessel Prep System?

Regardless of the site of care, fee-for-service Medicare typically does not require prior approval of the FLEX Vessel Prep System. However, other payers may vary in their requirements for prior authorization. We recommend that healthcare providers check with the payer prior to performing the procedure to understand these requirements.

› Where can I find more information about Medicare payment for the FLEX Vessel Prep System when used in a hospital outpatient setting?

For more information about Medicare payment for the FLEX Vessel Prep System used in a hospital outpatient setting, please visit: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>.

› Where can I find more information about Medicare payment for the FLEX Vessel Prep System when used in an ASC?

For more information about Medicare payment for the FLEX Vessel Prep System used in an ASC, please visit: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc>.

› Does Medicare have published guidance regarding billing of C1600?

Yes, CMS Claims Processing Change Request 13568, dated March 21, 2024, describes billing C1600 in more detail and can be found here: <https://www.cms.gov/files/document/r12552cp.pdf>.

Introduction & Product Summary

The FLEX Vessel Prep™ System is indicated for use with percutaneous transluminal angioplasty catheters to facilitate dilation of stenoses in the femoral and popliteal arteries and treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae. The device also is indicated for treatment of in-stent restenosis of balloon expandable and self-expanding stents in the peripheral vasculature.

Disclaimer

This coding and reimbursement guide for the FLEX Vessel Prep System is intended to provide available reimbursement information for the device and associated procedures. The information provided in this guide is for educational and illustrative purposes only, as many factors affect coding and reimbursement. The healthcare provider is solely responsible for choosing codes that accurately describe the patient's condition and the procedure(s) or service(s) performed. VentureMed makes no guarantee of coverage or payment and encourages providers to verify payer claims submission policies.

For more information about reimbursement for the FLEX Vessel Prep System, please contact the FLEX-VP Reimbursement Support Program:

860-516-0704 | FLEXreimbursement@priahealthcare.com

REFERENCES

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2. CPT codes and descriptions only are copyright ©2024 American Medical Association. All rights reserved. No fee schedules are included in CPT. The American Medical Association assumes no liability for data contained or not contained herein.
3. CMS Manual System Pub 100-04 Medicare Claims Processing Change Request 12552 SUBJECT: April 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS). <https://www.cms.gov/files/document/r12552cp.pdf>
4. January 2025 Addendum B.-OPPS Payment by HCPCS Code for CY 2025. CMS. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient-pps/quarterly-addenda-updates>
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