



arteriovenous
FISTULA FIRST
AVF – The first choice for hemodialysis

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