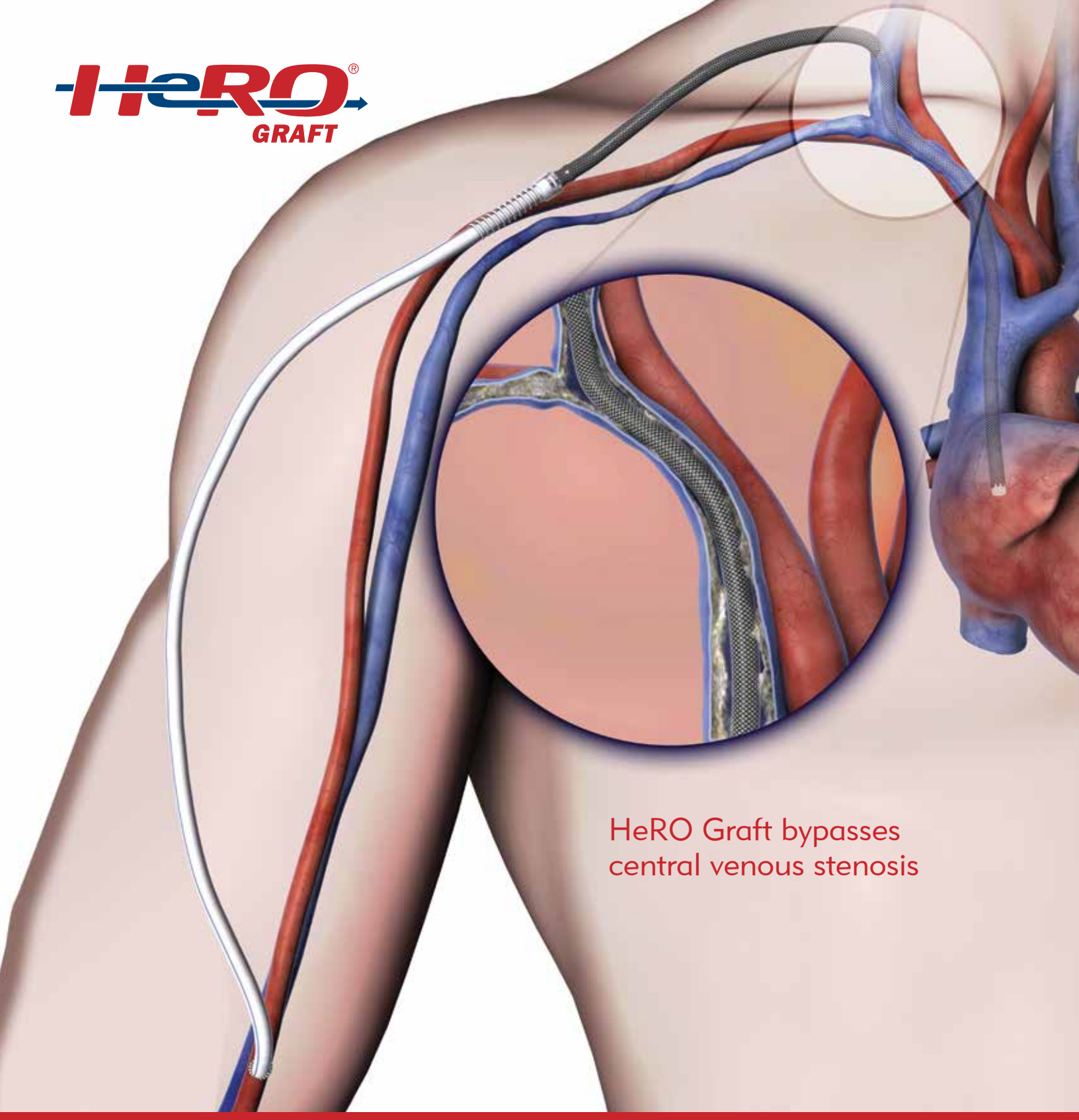
HeRO® GRAFT



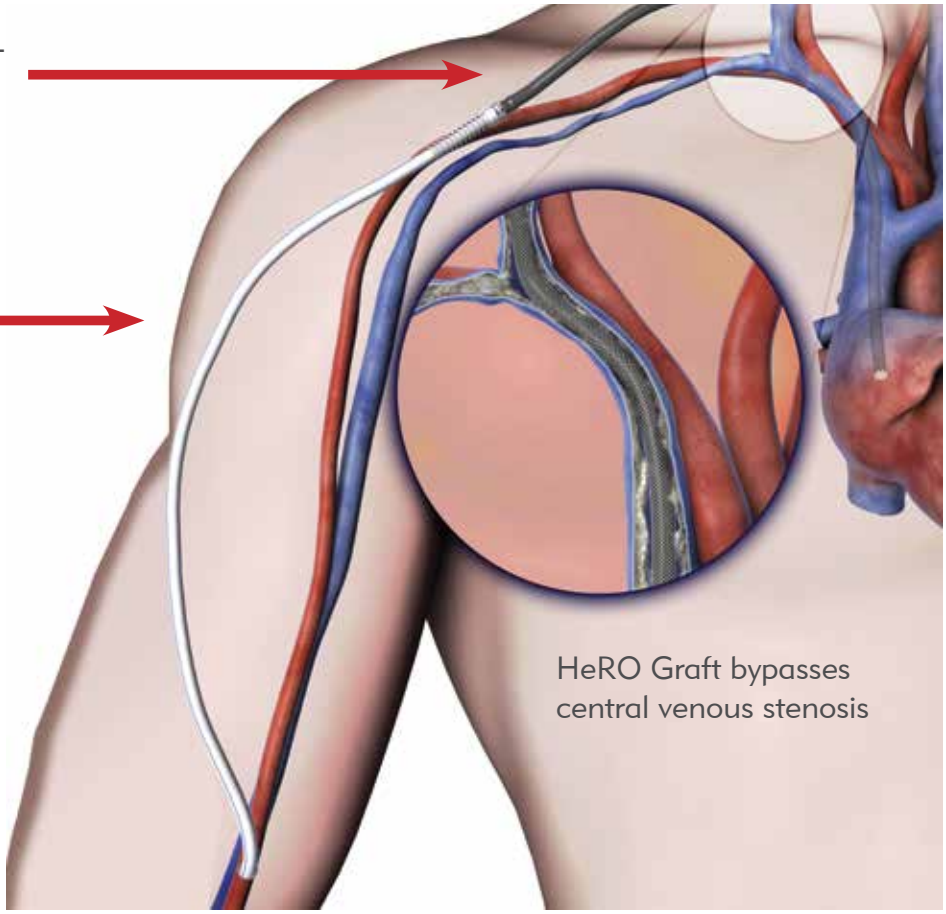
HeRO Graft bypasses central venous stenosis

Potential 2022 Reimbursements
Implant Procedure

MERIT MEDICAL®

VENOUS OUTFLOW COMPONENT
(HERO1001/HERO1001VOC);
CPT Code 36558* w/C 1750

ARTERIAL GRAFT COMPONENT
(HERO1002);
CPT Code 36830*



HeRO Graft bypasses central venous stenosis

ACCESSORY COMPONENT KIT
(HERO1003, not pictured) contains disposable tools used to facilitate placement of the Venous Outflow Component.

Product Code	Component	Diameter (ID)	Length
HERO1001/ HERO1001VOC	Venous Outflow Component	5mm	40cm (customizable)
HERO1002	Arterial Graft Component	6mm (ePTFE); 6mm - 5mm (connector)	53cm (connector: 3cm)
HERO1003	Accessory Component Kit	N/A	N/A

HeRO Graft Potential Outpatient Codes (If Temporary Bridging Catheter)

CPT® Code	Abbreviated Description	Product	Procedure – To – Device Edit
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis	HERO1002	None Required
36558	Insertion of tunneled centrally inserted central venous catheter	HERO1001/ HERO1001VOC	C 1750 Required [Catheter, Hemodialysis, Long-Term]
36558	Insertion of tunneled centrally inserted central venous catheter	Bridging Catheter	C 1752 Required [Catheter, Hemodialysis, Short-Term]

*CPT® 36830 and 36558 should be reported together to represent complete HeRO Graft implantation.

Potential Outpatient Reimbursement Codes
APC and Physician Average Payments

Common Diagnosis Codes	
ICD-10-CM Diagnosis Code	**ICD-10-CM Diagnostic Description**
N18.6	End stage renal disease
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
N03.0	Chronic nephritic syndrome with minor glomerular abnormality
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N03.6	Chronic nephritic syndrome with dense deposit disease
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis
N03.8	Chronic nephritic syndrome with other morphologic changes
N03.9	Chronic nephritic syndrome with unspecified morphologic changes

Potential Oupatient Procedure Codes			Avg Payments	
CPT® Code	**CPT® Code Description**	**APC**	**APC Payment**	**Physician Payment**
CPT 36830* & **	**"Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)"**	**5184**	**$4,870**	**$678**
CPT 36558* & **	**Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**	**5183**	**$2,924**	**$263**
CPT 36581**	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	5183	$2,924	$185
CPT 36589	"Removal of tunneled central venous catheter, without subcutaneous port or pump"	5301	$552	$139
CPT 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 documentation and report with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty.	5192	$5,062	$242
CPT 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.	5193	$10,258	$447
CPT 36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	NA	NA	$48
CPT 36901**	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 documentation and report.	5181	$1,436	$170
CPT 36597	"Repositioning of previously placed central venous catheter under fluoroscopic guidance"	5182	$1,436	$60
CPT 75827	"Venography, caval, superior, with serialography, radiological supervision and interpretation"	5182	$1,436	$54 (-26)
CPT 76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting	NA	Packaged	$14 (-26)
CPT 77001	"Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, and necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position)"	NA	Packaged	$19 (-26)
CPT 76080	"Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation"	5524	$493	$26 (-26)
CPT 93930	"Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study"	5523	$235	$39 (-26)
CPT 93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	5522	$111	$24 (-26)

Outpatient APC payments based on CY 2022 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1753FC) (Federal Register, November 16, 2021).

Physician payment rates based on P Medicare and Medicaid Programs: CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies (CMS-1751-F) (Federal Register, November 19, 2021).

** Code has a J1 status indicator and its use will result in the assignment of procedure to a comprehensive APC (C-APC) by Medicare. Even though it is possible that separate APC payments may be determined to be appropriate where more than one procedure is performed during the same outpatient visit, many APCs are subject to reduced payment when multiple procedures are performed on the same day. Some comprehensive APCs in 2022 package payments for items and service rather than separate multiple payments for each individual service. Comprehensive APCs will reimburse a single all-inclusive payment for the primary service with no additional reimbursement for additional adjunctive services and supplies used during the delivery of the primary procedure and applies to percutaneous interventions

Modifier	Description
-26	Professional component only. *Technical fee not included.*
-51	Multiple procedure.
-52	Reduced services.
-59	Distinct procedure.

Potential Outpatient Implant Scenario

- Existing tunneled cuffed catheter removed
- HeRO Graft implanted
- Temporary bridging catheter placed in new venous site

Modifier	Description
-26	Professional component only. *Technical fee not included.*
-51	Multiple procedure.
-52	Reduced services.
-59	Distinct procedure.

CPT® Code	APC	Abbreviated Description	APC Modified Payment	Physician Modified Payment
36589	5301	Removal of tunneled central venous catheter	$552	$70 (-51)
36830*	**5184**	**Creation of arteriovenous fistula by other than direct arteriovenous anastomosis**	**$2,435**	**<$339 (-51, -52)**
36558*	**5183**	**Insertion of tunneled centrally inserted central venous catheter**	**$1,462**	**$136 (-51)**
36558	5183	Insertion of tunneled centrally inserted central venous catheter	**$1,462**	$136 (-51, -59)
76937 -26	NA	Ultrasound guidance for vascular access	Packaged	$15 (-26)
77001 -26	NA	Fluoroscopic guidance for central venous access device placement	Packaged	$19 (-26)

Inpatient MS-DRG payments based on The Centers for Medicare and Medicaid Services Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the LongTerm Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates (Federal Register, August 13, 2021).

Potential Inpatient Reimbursement Codes

Diagnosis Code	ICD-10-CM Diagnosis Description
N18.6	End stage renal disease
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
N03.0	Chronic nephritic syndrome with minor glomerular abnormality
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N03.8	Chronic nephritic syndrome with other morphologic changes
N03.9	Chronic nephritic syndrome with unspecified morphologic changes

ICD-10-PCS Code	Description
03130ZD	Bypass Right Subclavian Artery to Upper Arm Vein, Open Approach
03140ZD	Bypass Left Subclavian Artery to Upper Arm Vein, Open Approach
03150ZD	Bypass Right Axillary Artery to Upper Arm Vein, Open Approach
03160ZD	Bypass Left Axillary Artery to Upper Arm Vein, Open Approach
03170ZD	Bypass Right Brachial Artery to Upper Arm Vein, Open Approach
03180ZD	Bypass Left Brachial Artery to Upper Arm Vein, Open Approach
03190ZF	Bypass Right Ulnar Artery to Lower Arm Vein, Open Approach
031A0ZF	Bypass Left Ulnar Artery to Lower Arm Vein, Open Approach
031B0ZF	Bypass Right Radial Artery to Lower Arm Vein, Open Approach
031C0ZF	Bypass Left Radial Artery to Lower Arm Vein, Open Approach
02HV33Z	Insertion of infusion device into right atrium, percutaneous approach

MS-DRG	MS-DRG Description	MS-DRG Payment
252	Other Vascular Procedures with MCC	$20,089
253	Other Vascular Procedures with CC	$16,030
254	Other Vascular Procedures without MCC or CC	$10,969
673	Other Kidney and Urinary Tract Procedures with MCC	$20,951
674	Other Kidney and Urinary Tract Procedures with CC	$14,396
675	Other Kidney and Urinary Tract Procedures without MCC or CC	$10,600

Merit Medical Systems, Inc. gathers reimbursement information from third-party sources such as Medicare and presents this information for illustrative purposes only. Merit Medical Systems, Inc. cannot guarantee coverage or payment for products or procedures. Actual payment to providers will vary based on many factors including but not limited to geographic location, setting of care, & hospital facility status (e.g., teaching, non-teaching). Under the MS-DRG system, procedures may be assigned to a number of other MS-DRGs and actual payment to providers may not be limited to the MS-DRGs shown above. Providers should report the codes that most accurately describe the patients' medical condition, procedures performed, & the products used. Use of the service & the product must comply with Medicare coverage guidelines in being reasonable & necessary for the care of the patient to support reimbursement. Prior to claims submission, it is the providers' responsibility to confirm appropriate coding for procedures or combination of procedures with specific payers, such as Medicare, and/or coding authorities, such as the American Medical Association and medical societies. Coverage and payment policies also change over time and Merit Medical Systems, Inc. assumes no obligation to update the information provided herein.

Before using refer to Instructions for Use for indications, contraindications, warnings, precautions, and directions for use.

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