

## New Technology Ambulatory Payment Classification (APC) for the Surfacer® Inside-Out® Access Catheter System Procedure

The Centers for Medicare and Medicaid Services (CMS) has created a new Healthcare Common Procedure Coding System (HCPCS) code for the Surfacer® Inside-Out® Access Catheter System (Surfacer System) procedure which were effective October 1, 2021.

CMS has assigned this HCPCS code, C9780; *Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance* to New Technology APC 1534.

The use of C9780 is only applicable for procedures performed for Medicare beneficiaries.

Code	Description	Status Indicator	Ambulatory Payment Classification (APC)	Medicare National Average Payment Rate
C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance.	S*	A1534	\$8,250.50

\* Status indicator 'S' represents a significant procedure, and is not discounted when you report multiple CPT codes that group to APCs with multiple 'S' status indicators.

**Important note:** C9780 is intended to identify the entire Inside-Out procedure as described above and not just the use of the Surfacer System. Hospital and Ambulatory Surgery Center (ASC) charges should reflect all components and devices used during the procedure described by this code.

Medicare payment amounts will vary by locality. The Medicare national average payment rate for C9780 when performed in a Medicare certified ASC is \$5444.63.

This information is current as of November 16, 2021 but is subject to change without notice. Amounts do not necessarily reflect any subsequent changes in payment since publication. To confirm reimbursement rates, hospitals and ASCs should consult with their local Medicare Administrative Contractor (MAC). Any questions regarding the use of this code or payment for additional procedures performed which are not described by C9780 should be directed to the hospital's and ASC's local MAC.

**DISCLAIMER:** *This information is being provided with the intent to assist in obtaining appropriate reimbursement for medical devices and services. It is NOT intended as legal advice. Seek legal counsel or a reimbursement specialist for further questions or clarifications. The provider makes all decisions concerning completion of reimbursement claim forms, including code selection and billing amounts. It is for information purposes only and represents no statement, promise, or guarantee by Bluegrass Vascular concerning levels of reimbursement, payment or charges.*

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