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2025 Billing and Coding Guide

CARPEDIEM™ cardiorenal pediatric dialysis emergency machine

This guide is intended to aid providers in appropriate CPT®[1] code selection for procedures associated with the CARPEDIEM™ cardio-renal pediatric dialysis emergency machine. The document reflects applicable and commonly billed procedure codes as well as the unadjusted national Medicare average rates assigned to the code. This document is not all-inclusive, nor does it replace advice from your coding and compliance departments and/or CPT®[1] coding manuals. CPT®[1] code descriptions in this document have been shortened to the consumer-friendly version per the American Medical Association (AMA) guidelines.[2] Note, CPT®[1] consumer-friendly descriptors should not be used for clinical coding or documentation.[3]

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Procedure Reimbursement

		Physician[4]			Hospital outpatient[5]		Ambulatory Surgery[5]
CPT®[1] code	**Description**	**Work RVU**	**Office rate**	**Facility rate**	**APC**	**Rate**	**Rate**
Placement of central venous access catheter							
36555	Insertion of non-tunneled central venous tube for infusion (younger than 5 years)	1.93	$178	$81	5183	$3,148†	$1,589
36557	Insertion of tunneled central venous tube for infusion (younger than 5 years)	4.89	$1,071	$313	5184	$5,406†	$ 3,010
Imaging guidance for central venous access catheter placement							
+76937	Ultrasonic guidance for blood vessel access	0.30	$37	$13	NA	NA§	NA
+77001	Fluoroscopic guidance for insertion or removal of central vein access device	0.38	$94	$17	NA	NA§	NA
Continuous renal replacement therapy							
90945	Dialysis procedure including 1 evaluation	1.56	NA	$83	5024	$426	NA
90947	Dialysis procedure requiring repeat evaluation	2.52	NA	$117	NA	NA	NA

Hospital Inpatient Coding – ICD 10 – PCS

ICD-10-PCS[6] procedure codes are used by hospitals to report surgeries and procedures performed in the inpatient setting. Below are commonly used ICD-10-PCS procedure codes, however codes listed below are not exhaustive as other codes may apply.

ICD-10-PCS[6]	Description
Non-tunneled catheters & tunneled catheters	
02H633Z	Insertion of Infusion Device into Right Atrium, Percutaneous Approach
02HV33Z	Insertion of Infusion Device into Superior Vena Cava, Percutaneous Approach
0JH63XZ	Insertion of Tunneled Vascular Access Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
Continuous renal replacement therapy (CRRT)	
5A1D70Z	Performance of Urinary Filtration, Intermittent, Less than 6 hours Per Day
5A1D80Z	Performance of Urinary Filtration, Prolonged Intermittent, 6-18 hours Per Day
5A1D90Z	Performance of Urinary Filtration, Continuous, Greater than 18 hours Per Day

Hospital Inpatient Coding - DRG

Hospital Diagnosis Related Groups (DRG)[7]

Under Medicare's MS-DRG[7] methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Only one MS- DRG is assigned for each inpatient stay, regardless of the number of procedures performed.

The DRGs below are typically assigned for the procedures related to the CARPEDIEM™ system, however other MS-DRG are available in different scenarios.

MS-DRG[7]	Description	Rate
Cystectomy		
653	Major Bladder Procedures with MCC	$39,783
654	Major Bladder Procedures without CC	$20,140
655	Major Bladder Procedures without CC/MCC	$14,825

MCC: Major Complications and/or Comorbidities
CC: Complications and/or Comorbidities

All Patient Refined Diagnosis Related Groups (APR-DRG)[8]

Alternately, APR-DRGs[8] (All Patient Refined Diagnosis Related Groups) may be used for hospital inpatient payment. APR-DRG are similar in concept to MS-DRGs, but provide more granularity for non-Medicare patients, particularly newborns and children. APR-DRGs expand on the basic DRG concept by adding a subclass for severity of illness (SOI) at four different levels.

The DRGs below are typically assigned for the common scenario in which the patient is admitted for renal failure associated with a congenital renal anomaly and undergoes continual renal replacement therapy (CRRT) following placement of a non-tunneled central venous access catheter. For the CARPEDIEM™ system, either Neonatal APR-DRGs or Non-Neonatal APR-DRGs can be assigned depending on the pate of the patient at admission.

Neonatal APR-DRG[8]	APR-DRG Description	SOI Level
633	Neonate Birth Weight >2499 Grams with Major Anomaly	3
633	Neonate Birth Weight >2499 Grams with Major Anomaly	4
Non-Neonatal APR-DRG[8]	**APR-DRG Description**	**SOI Level**
469	Acute Kidney Injury	3
469	Acute Kidney Injury	4

Footnotes

NA	Indicates that there is no established Medicare allowable in this site of care
+	Add-on codes are always listed in addition to the primary procedure code
†	Comprehensive APCs (C-APCs)
§	Packaged Payment

References

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