Coding for Continuous Renal Replacement Therapy (CRRT) & Related Procedures

CPT Coding

CPT Codes – CRRT	Description
90945	Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation or other qualified health care professional
90947	Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician or other qualified health care professional, with or without substantial revision of dialysis prescription
90999	Unlisted dialysis procedure, inpatient or outpatient

CPT Codes – Vascular Access	Description
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
37799	Unlisted procedure, vascular surgery

CPT Codes – Guidance Imaging for Vascular Access	Description
76937*	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
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, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)

*76937 and 77001 are add-on codes and must be billed with primary procedure code 36800

CPT Codes – Initial Care*	History	Examination	Medical Decision Making	Time Spent - bedside / floor / unit
99221	Detailed or comprehensive	Detailed or comprehensive	Straightforward or of low complexity	30 minutes
99222	Comprehensive	Comprehensive	Moderate complexity	50 minutes
99223	Comprehensive	Comprehensive	High complexity	70 minutes

*CPT codes 99221, 99222, and 99223 must be billed with modifier 25 (significant, separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure or other service) if billed on the same day as dialysis

CPT Codes – Subsequent Care*	History	Examination	Medical Decision Making	Time Spent - bedside / floor / unit
99231	Problem focused interval	Problem focused	Straightforward or of low complexity	15 minutes
99232	Expanded problem focused interval	Expanded problem focused	Moderate complexity	25 minutes
99233	Detailed interval	Detailed	High complexity	35 minutes

*CPT codes 99231, 99232, and 99233 may not be billed on the same day as 90945 nor 90947. However, if the CRRT is complete but the patient is still hospitalized doctors may bill these codes for routine hospital visits.

CPT Codes – Inpatient Consultation	History	Examination	Medical Decision Making	Time Spent - bedside / floor / unit
99251	Problem focused	Problem focused	Straightforward	20 minutes
99252	Expanded problem focused	Expanded problem focused	Straightforward	40 minutes
99253	Detailed	Detailed	Low complexity	55 minutes
99254	Comprehensive	Comprehensive	Moderate complexity	80 minutes
99255	Comprehensive	Comprehensive	High complexity	110 minutes

***CPT codes 99251-55 are not paid under Medicare.** These codes must be billed with modifier 25 (significant, separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure or other service) if billed on the same day as dialysis.

CPT Codes – Discharge*	Description
99238	Hospital discharge day management; 30 minutes or less
99239	Hospital discharge day management; more than 30 minutes

*CPT codes 99238 and 99239 may not be billed on the same day as 90945 nor 90947.

ICD-10 Procedure Codes (Illustrative)

Procedure Code	Description
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

ICD-10 Diagnosis Codes (Illustrative)

Diagnosis Code	Description
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N11.1	Chronic obstructive pyelonephritis
N13.1	Hydronephrosis with ureteral stricture, not elsewhere classified
N13.5	Crossing vessel and stricture of ureter without hydronephrosis

Hospital Inpatient Coding (Illustrative)

MS-DRG	Description	Relative Weight	Geometric Mean Length of Stay
682	Renal Failure with Major Complications or Comorbidities (MCC)	1.5320	4.5
683	Renal Failure with Complications or Comorbidities (CC)	0.9190	3.2
684	Renal Failure without CC/MCC	0.6198	2.3

Potential Revenue Codes

Revenue Code	Description
0201	ICU/Surgical
0202	ICU/Medical
0203	ICU/Pediatric
080x	Inpatient Renal Dialysis

Revenue Code	Description
0206	ICU/Intermediate
0208	ICU/Trauma
0209	ICU/Other Intensive Care
0801	Inpatient Hemodialysis

Disclaimer: This is a selection of codes that may describe diagnoses related to CRRT. This has been prepared and intended for informational purposes only. Coding constantly changes so please reference the American Medical Association, the American Hospital Association, the Centers for Medicare and Medicaid Services and your local contractors for additional information. This is not a comprehensive list of codes and is not intended to increase or maximize reimbursement. It does not represent a guarantee, promise or statement that the use of the codes will ensure coverage, reimbursement, payment or charges at any level. The decision as to how to complete a claim form, including the amounts to bill, is exclusively the responsibility of the provider. Healthcare professionals and hospitals should confirm with a payor or coding authority, such as the American Medical Association or medical specialty society, which codes or combinations of codes are appropriate for a procedure or combination of procedures.

Definitions: CPT = Current Procedural Terminology; ICD-10 = International Classification of Diseases, Tenth Revision

Sources: American Medical Association. 2019 Current Procedural Terminology (CPT) Professional Edition; American Hospital Association. 2019 International Classification of Diseases, Tenth Edition, CDC; CMS Calendar Year (FY) 2019 Inpatient Prospective Payment Systems (IPPS) Final Rule; CMS CY 2019 Medicare Physician Fee Schedule (MPFS) Final Rule