

## Questions?

**Contact Your Nuwellis Representative**

OR

**Nuwellis Customer Service**

**Phone: 1-855-786-2778**

**Email: [support@nuwellis.com](mailto:support@nuwellis.com)**

The service is available Monday - Friday from 8:00am - 5:00pm CST



**aquadex**  
SmartFlow®

**AQUADEX SMARTFLOW SYSTEM**  
12988 Valley View Road  
Eden Prairie, MN 55344  
[www.nuwellis.com](http://www.nuwellis.com)

**RX ONLY**

**INDICATION:** The Aquadex SmartFlow System is indicated for: Continuous ultrafiltration therapy for temporary (up to 8 hours) or extended (longer than 8 hours in patients who require hospitalization) use in adult and pediatric patients weighing 20 kilograms or more whose fluid overload is unresponsive to medical management, including diuretics. All treatments must be administered by a healthcare provider, within an outpatient or inpatient clinical setting, under physician prescription, both of whom having received training in extracorporeal therapies.

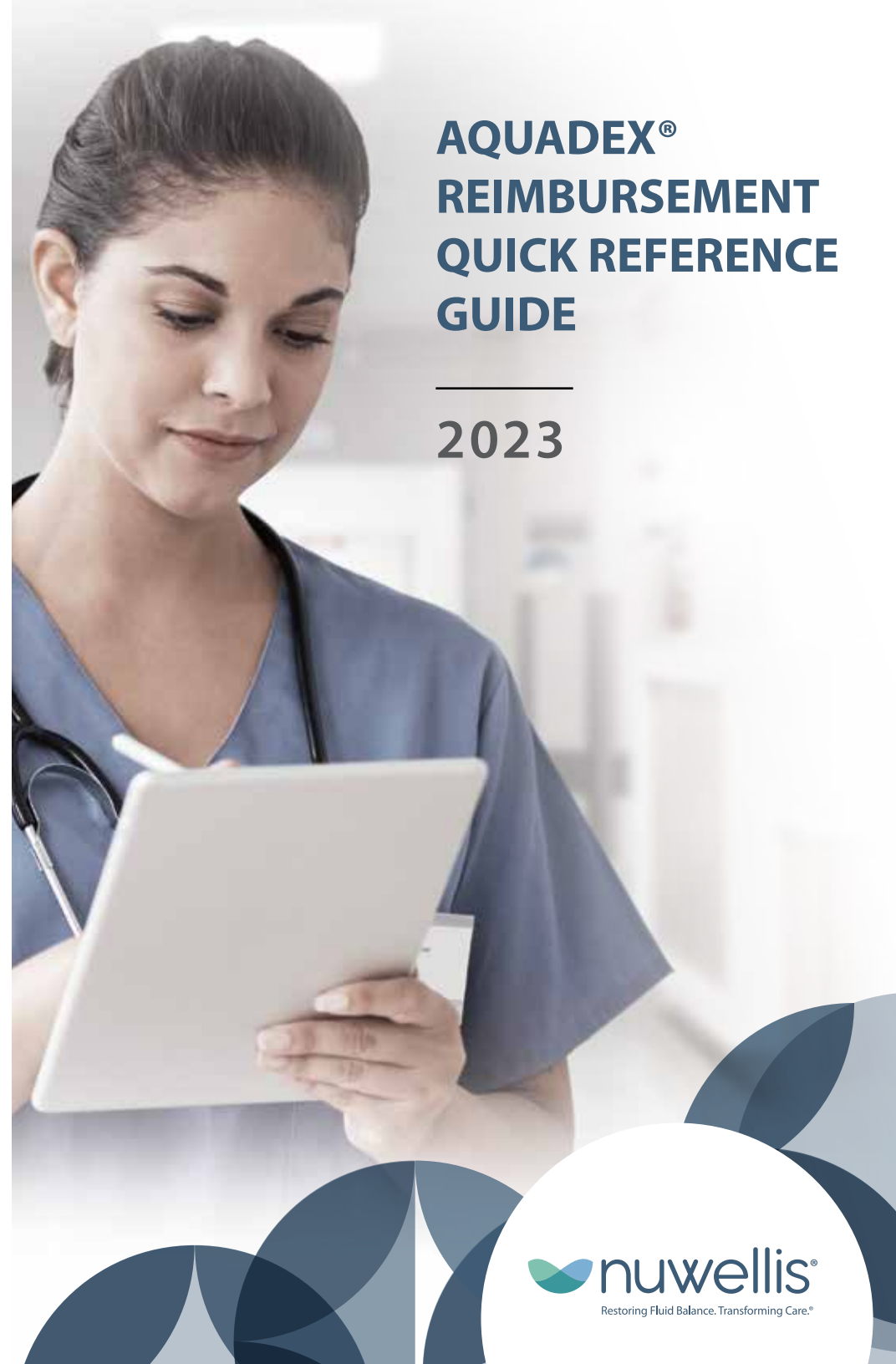
Aquadex SmartFlow® is a trademark of Nuwellis, Inc.

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# AQUADEX® REIMBURSEMENT QUICK REFERENCE GUIDE

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## 2023



 **nuwellis**  
Restoring Fluid Balance. Transforming Care.®

# 2023 REIMBURSEMENT QUICK REFERENCE GUIDE

**Aquadex® Has a New Reimbursement Code: 0692T**  
**0692T can be used to report the Aquadex procedure in all settings of care**

SERVICE	CODE(S)	2022 MEDICARE BASE PAYMENT	
		PHYSICIAN PAYMENT (OUTPATIENT OR INPATIENT)*	OUTPATIENT FACILITY PAYMENT*
Ultrafiltration	0692T	<p><b>Contractor Priced</b>                      (The following CPT codes may be used as crosswalk/proxy codes to request appropriate physician reimbursement:                      36514 - \$92.06                      36516 - \$83.66                      90945 - \$84.33                      90947 - \$121.96                      90935 - \$70.89                      90937 - \$101.47                      Note: Only 0692T will be submitted on the claim.)</p>	APC 5241 - \$405.37
Venous Access	<p><b>PICC w/o Imaging Guidance:</b>                      36568                      36569</p> <p><b>Peripherally Inserted Central Venous Access:</b>                      36570                      36571</p> <p><b>PICC Including Imaging:</b>                      36572                      36573</p>	<p><b>PICC w/o Imaging Guidance:</b>                      \$92.40                      \$94.82</p> <p><b>Peripherally Inserted Central Venous Access:</b>                      \$341.91                      \$320.45</p> <p><b>PICC Including Imaging:</b>                      \$81.32                      \$85.13</p>	<p><b>PICC w/o Imaging Guidance:</b>                      APC 5182 - \$1,436.16                      APC 5182 - \$1,436.16</p> <p><b>Peripherally Inserted Central Venous Access:</b>                      APC 5183 - \$2,923.63                      APC 5183 - \$2,923.63</p> <p><b>PICC Including Imaging:</b>                      APC 5181 - \$552.04                      APC 5182 - \$1,436.16</p>
Interprofessional Consultation (if Performed)	99446 - 5-10 minutes 99447 - 11-20 minutes 99448 - 21-30 minutes 99449 - 31+ minutes 99451 - 5+ minutes 99452 - 30 minutes	\$18.69 \$36.68 \$55.02 \$73.71 \$36.34 \$37.03	N/A

\* Payment rates collected from the 2022 Medicare Physician Fee Schedule and represents national averages.  
 Reimbursement subject to established billing rules and payer coverage policies.

Note: If a line is inserted during the same encounter as ultrafiltration in the hospital outpatient department setting, the line insertion is the base payment and the payment for 0692T is bundled within that APC payment.

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# INPATIENT FACILITY PAYMENTS

CLINICAL DIANOSIS	ICD-10-CM CODE	ICD-10-PCS CODE	MS-DRG	2022 MEDICARE BASE PAYMENT – FACILITY
Ultrafiltration Acute Kidney Injury (AKI) or Chronic Kidney Disease (CKD)	N17 - N19	6A550Z3 - Pheresis of Plasma, Single  OR 5A0920Z - Assistance with Respiratory Filtration, Continuous	673	\$22,871.05
			674	\$15,715.56
Fluid Overload, Electrolyte and Acid-Base Balance Disorders	E87.70 - Fluid overload, unspecified  E87.71 - Transfusion associated circulatory overload  E87.79 - Other fluid overload  E87.8 - Other disorders of electrolyte and fluid balance, NEC		675	\$11,571.04
			682	\$9,711.44
			683	\$5,798.38
			684	\$4,008.68
			640	\$8,116.28
			641	\$4,973.43
ARDS	J80 - Acute respiratory distress syndrome in adult or child		204	\$5,233.24
Pulmonary Edema	J81 - Pulmonary Edema		189	\$8,085.28
Heart Failure	I50 - I50.9		291	\$8,363.56
			292	\$5,694.19
			293	\$3,889.98

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# CODE DESCRIPTIONS

CODE	DESCRIPTION
0692T	Therapeutic ultrafiltration
36514	Therapeutic apheresis; for plasma pheresis
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older
90945	Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional
90947	Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with repeated evaluation by a physician or other qualified health care professional
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
90937	Hemodialysis procedure with repeat evaluation by a physician or other qualified health care professional
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

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