cleerly®

2026

REIMBURSEMENT GUIDE

2026 Plaque Coding
and Medicare Allowable Reimbursement

PHYSICIAN SERVICES

Cleerly Plaque Analysis		Physician Fee Schedule					
		OFFICE			FACILITY		
CPT® Description	CPT® Code[1]	Total RVU*	Payment Non-Qualifying	Payment Qualifying	Total RVU*	Payment Non-Qualifying	Payment Qualifying
Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional.	75577	30.30	$1012.05	$1017.10	NA	NA	NA
	75577-TC	29.06	$970.63	$975.47	NA	NA	NA
	75577-26	1.24	$41.42	$41.62	1.24	$41.42	$41.62

*Total RVU (Relative Value Unit) is the sum of work expense, practice expense and malpractice expense RVUs
PFS Qualifying APM Conversion Factor: 33.5675
PFS Non-Qualifying APM Conversion Factor: 33.4009

HOSPITAL OUTPATIENT

Cleerly Plaque Analysis		OPPS (Outpatient Prospective Payment System)		
CPT® Description	CPT® Code[1]	Status Indicator**	APC	Payment
Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional.	75577	S	1511	$950.50

**Status Indicator "S" indicates procedure or service not subject to multiple procedure discounting

2026 Ischemia Coding
and Medicare Allowable Reimbursement

PHYSICIAN SERVICES

Cleerly Ischemia Analysis		Physician Fee Schedule					
		OFFICE			FACILITY		
CPT® Description	CPT® Code[1]	Total RVU*	Payment Non-Qualifying	Payment Qualifying	Total RVU*	Payment Non-Qualifying	Payment Qualifying
Noninvasive estimate of coronary fractional flow reserve derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional.	75580	26.55	$886.79	$891.22	NA	NA	NA
	75580-TC	25.52	$852.39	$856.64	NA	NA	NA
	75580-26	1.03	$34.40	$34.57	1.03	$34.40	$34.57

*Total RVU (Relative Value Unit) is the sum of work expense, practice expense and malpractice expense RVUs
PFS Qualifying APM Conversion Factor: 33.5675
PFS Non-Qualifying APM Conversion Factor: 33.4009*

HOSPITAL OUTPATIENT

Cleerly Ischemia Analysis		OPPS (Outpatient Prospective Payment System)		
CPT® Description	CPT® Code[1]	Status Indicator**	APC	Payment
Noninvasive estimate of coronary fractional flow reserve derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified healthcare professional.	75580	S	5724	$877.34

**Status Indicator "S" indicates procedure or service not subject to multiple procedure discounting*

ICD-10-CM Codes

ICD-10-CM CODES THAT SUPPORT MEDICAL NECESSITY[2]

ICD-10-CM	ICD-10-CM Code Description
R 93.1	Abnormal findings on diagnostic imaging of heart and coronary circulation

COMMONLY USED ICD-10-CM CODES FOR CORONARY ARTERY DISEASE (CAD)

ICD-10-CM	ICD-10-CM Code Description
R 07.1	Chest pain on breathing
R 07.2	Precordial pain
R 07.81	Pleurodynia
R 07.82	Intercostal pain
R 07.89	Other chest pain
R 07.9	Chest pain, unspecified
R 06.02	Shortness of breath
I 20.0	Unstable angina
I 25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I 25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I 25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I 25.112	Atherosclerotic heart disease of native coronary artery with refractory angina pectoris
I 25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I 25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I 25.6	Silent myocardial ischemia
I 25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm

Other specific diagnosis codes may also apply.

Cleerly Heart Analysis may include analysis performed using Cleerly Labs and/or Cleerly Ischemia. Cleerly Labs is a web-based software application that is intended to be used by trained medical professionals as an interactive tool for viewing and analyzing cardiac computed tomography (CT) data for determining the presence and extent of coronary plaques (i.e., atherosclerosis) and stenosis in patients who underwent Coronary Computed Tomography Angiography (CCTA) for evaluation of coronary artery disease (CAD) or suspected CAD. Cleerly Ischemia is a web-based software application feature that is designed to estimate the likely presence and/or likely absence of ischemia in patients who have undergone CCTA for further assisting evaluation of CAD or suspected CAD.

Sources

CMS. CY 2026 MPFS Final Rule (CMS-1832-F) - Addendum B Relative Value Units and Related Information Used in Determining Medicare Payments. Conversion Factor used in calculations = $33.5675 - effective through December 31, 2026. Payment based on qualifying APM conversion factor: $33.5675. Non-qualifying APM conversion factor: $33.4009
https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f

CMS. CY 2026 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: (CMS-1834-FC), including related addenda. Effective through December 31, 2026.
https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1834-fc

Medicare Advantage

Effective January 1, 2024, CMS mandated that Medicare Advantage plans align their coverage and site of service with Medicare Fee-for-Service (FFS) guidelines. CMS implements important utilization management policy and coverage criteria protections to ensure Medicare Advantage enrollees receive the same access to medically necessary care that they would receive in Traditional Fee for Service Medicare.
https://www.cms.gov/newsroom/fact-sheets/2024-medicare-advantage-and-part-d-final-rule-cms-4201-f

Additional Information

▲ CY2026 Final Rule PFS Qualifying APM (alternate payment model) Conversion Factor: $33.5675

▲ CY2026 Final Rule PFS Non-Qualifying APM (alternate payment model) Conversion Factor: $33.4009

▲ Total RVU (Relative Value Unit) represents the sum of work expense, practice expense and malpractice expense RVUs

▲ APC represents Ambulatory Payment Classification

Modifiers

▲ Modifier "26" is defined as "Professional Component" and should be appended to a procedure code when the provider rendered only the professional component of the service.

▲ Modifier "TC" is defined as "Technical Component" and should be appended to a procedure code when the provider rendered only the technical component of the service.

References

[1] 2026 Current Procedural Terminology (CPT®) Professional Edition. CPT® is a registered trademark of the American Medical Association. All rights reserved.

[2] Centers for Medicaid and Medicaid Services (CMS) Billing and Coding Articles: Artificial Intelligence Enabled CT Based Quantitative Coronary Topography (AI-QCT)/Coronary Plaque Analysis (AI-CPA)

DISCLAIMER

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