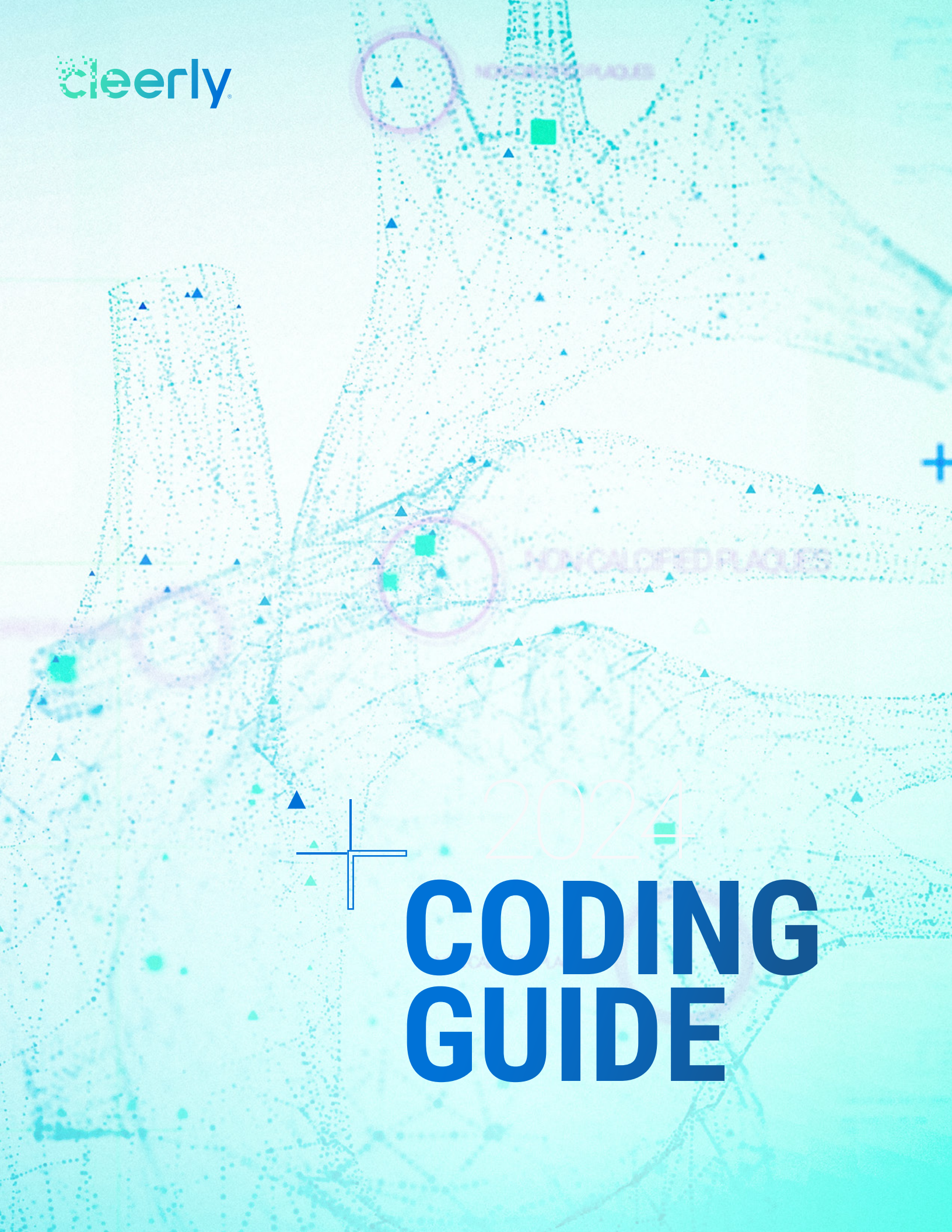
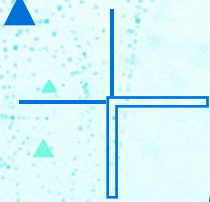


NONCALCIFIED PLACLES

NONCALCIFIED PLACLES

2024

CODING GUIDE



2024 Plaque Coding and Medicare Allowable Reimbursement

PHYSICIAN SERVICES

Cleerly Heart Analysis		Physician Fee Schedule		
CPT® Code	CPT® Description	RVUs	Facility	Non-Facility
0623T	<i>Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation, and report.</i>	Carrier Priced	Carrier Priced	Carrier Priced
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography, <i>data preparation and transmission.</i>	Carrier Priced	Carrier Priced	Carrier Priced
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography, <i>computerized analysis of data from coronary computed tomographic angiography.</i>	Carrier Priced	Carrier Priced	Carrier Priced
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; <i>review of computerized analysis output to reconcile discordant data, interpretation, and report.</i>	Carrier Priced	Carrier Priced	Carrier Priced

Commercial payment will vary and is at the discretion of the payor.

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.

OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) PROCEDURAL SERVICES

Cleerly Heart Analysis		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
0623T	<i>Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation, and report.</i>	M	N/A	N/A
0624T	<i>Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography, data preparation and transmission.</i>	N	N/A	N/A
0625T	<i>Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography, computerized analysis of data from coronary computed tomographic angiography.</i>	S	1511	\$950.50
0626T	<i>Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation, and report.</i>	N/A	N/A	N/A

Commercial payment will vary and is at the discretion of the payor.

Plaque ICD-10-CM

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

ICD-10 Code	ICD-10 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

**This list does not represent an all-inclusive list. Other specific diagnosis codes may apply.*

COMMONLY USED ICD-10-CM CODES TO INDICATE ADDITIONAL INFORMATION

ICD-10 Code	ICD-10 Description
I 25.82	Chronic total occlusion of coronary artery
Z 77.22	Exposure to environmental tobacco smoke
Z 87.891	History of tobacco dependence
Z 57.31	Occupational exposure to environmental tobacco smoke
F 17	Tobacco dependence
Z 72.0	Tobacco use
R 06.02	Shortness of breath

**This list does not represent an all-inclusive list. Other specific diagnosis codes may apply.*

2024 Ischemia Coding and Medicare Allowable Reimbursement

PHYSICIAN SERVICES

Cleerly Heart Analysis			Physician Fee Schedule		
CPT® Code	Modifier	CPT® Description	RVUs	Non-Facility	Facility
75580	N/A	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.	27.12	\$902.76	N/A
75580	TC	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.	26.08	\$868.14	N/A
75580	26	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.	1.04	\$34.62	\$34.05

Commercial payment will vary and is at the discretion of the payor.
Total RVU (Relative Value Unit) is the sum of work, practice expense and malpractice RVU.

OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) PROCEDURAL SERVICES

Cleerly Heart Analysis		Hospital Outpatient		
CPT® Code	CPT® Description	Status Indicator	APC	Payment
75580	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.	S	5724	\$997.22

- CPT® 75580 (Noninvasive estimate of coronary fractional flow reserve (FFR) 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) is a new code for a noninvasive estimate of coronary fractional flow reserve (FFR).
- Relevant Revenue Code: 0480

**This list does not represent an all-inclusive list. Other specific diagnosis codes may apply.*

Ischemia ICD-10-CM

COMMONLY USED ICD-10-CM CODES

ICD-10 Code	ICD-10 Description
R 93.1	Abnormal findings on diagnostic imaging of heart and coronary circulation
I 20	Angina pectoris
I 21	Acute myocardial infarction
I 24	Other acute ischemic heart diseases
I 25	Chronic ischemic heart disease
I 25.6	Silent myocardial ischemia

**This list does not represent an all-inclusive list. Other specific diagnosis codes may apply.*

SOURCES

CMS. CY 2024 MPFS Final Rule (CMS-1784-F) - Addendum B Relative Value Units and Related Information Used in Determining Medicare Payments. Conversion Factor used in calculations = \$33.2875. Effective through December 31, 2024.

<https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>

CMS. CY 2024 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1786-FC, including related addenda. Effective through December 31, 2024.

<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc>

<https://www.aapc.com/codes/coding-newsletters/my-cardiology-coding-alert/cpt-2024-intraoperative-ultrasound-venography-and-em-highlight-next-years-cpt-changes-176198-article>. Accessed November 8, 2023.

MEDICARE ADVANTAGE

Effective January 1, 2024, CMS mandates that Medicare Advantage plans align their coverage and site of service with Medicare 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 INFORMATION²

- Report Coronary Computed Tomographic Angiography (CCTA) separately with CPT® code 75574
- Use 0623T, 0624T, 0625T, 0626T one time per Coronary Computed Tomographic Angiography (CCTA)
- Do not report 0623T in conjunction with 0624T, 0625T, 0626T
- Do not report 0623T, 0624T, 0625T, 0626T in conjunction with CPT® code 76376 or CPT® code 76377
- For noninvasive estimated coronary fractional flow reserve [FFR] derived from Coronary Computed Tomographic Angiography (CCTA) data, see 0501T, 0502T, 0503T, 0504T
- Per CMS Addendum B of the October 2022 OPPS Update, 0625T has been reassigned from status indicator E1 to S and assigned to APC 1511 (New Technology - Level 11) effective October 1, 2022.³

MODIFIERS

- The Centers for Medicare & Medicaid Services (CMS) developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment.
- CMS created an edit prohibiting billing coronary computed tomographic angiography (CCTA) and the Cleerly Labs codes (0623T-0626T) on the same date of service.
- Cleerly worked with CMS to remove this edit – effective July 1, 2022. Providers may now bill modifier -59 to bypass this edit.⁴
- 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.⁵
- 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.⁵

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REFERENCES

¹ 2023 Current Procedural Terminology (CPT®) Professional Edition. CPT® is a registered trademark of the American Medical Association. All rights reserved.

² CPT® Assistant October 2021 / Volume 31 Issue 10

³ Centers for Medicare & Medicaid Services. October 2022 OPPS update. CR 12875, October 3, 2022 Integrated Outpatient Code Editor (I/OCE), page 6, table 6, addendum B.

⁴ <https://www.cms.gov/files/document/mm12885-october-2022-update-hospital-outpatient-prospective-payment-system-opps.pdf>

⁵ Centers for Medicare & Medicaid Services. Medicare NCCI Procedure to Procedure (PTP) Edits, Practitioner PTP Edits v290r1. Effective Jan. 1, 2023; Posted Dec. 5, 2022.

⁶ AAPC 2023 / Accessed Nov. 15, 2023

DISCLAIMER

This communication is provided for informational purposes only and does not constitute a recommendation, representation, warranty, statement or guarantee by Cleerly, Inc. concerning appropriate coding or levels of payment for services rendered. This communication is not intended to increase, maximize, or otherwise adjust payment for the provider nor indicate coverage from any payor. Providers should consult with their reimbursement professional, as well as legal counsel, to ensure all legal and regulatory requirements have been met to support appropriate coding as required by payors for services rendered.

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