

# New CPT Codes for Use Now

AI for breast ultrasound is now a billable procedure.

**Category III CPT codes 0689T and 0690T** are the path to receiving coverage and payment for using Smart Ultrasound® in clinical practice. The new codes were announced in July 2021 by the AMA's CPT Editorial Panel after input from several major radiology societies, including RSNA, ACR, ARRS, SBI and SRU. These new tracking codes are to be used in conjunction with Category I CPT codes 76641 or 76642 for, respectively, complete or limited “**ultrasound, breast**, unilateral, real time with image documentation, including axilla when performed.”

This path to reimbursement was opened on January 1, 2022, but action must be taken:

- ✓ Active the Owl — install Koios DS Breast
- ✓ Inform billing teams about these new codes
- ✓ Meet with medical directors of local payers
- ✓ Work closely with the ACR's Radiology Advocacy Network

## “Quantitative Ultrasound Tissue Characterization”

Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained **without** diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)

Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained **with** diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)

## FAQ & Guidance

### What is a Category III CPT code?

Category III CPT codes are temporary codes for emerging technology, services and procedures that allow for specific data collection associated with those services and procedures. There are no assigned relative value units (RVUs) or established payment for the Category III CPT codes. When these procedures become more commonly adopted and established, the societies will work with the American Medical Association to move these codes from Category III to Category I CPT status.

### How do Category III CPT codes differ from Category I CPT codes?

Category I codes have assigned relative value units (RVUs) or work values and have an associated payment amount. A Category III CPT code does not have assigned RVUs and therefore, there is no payment rate established and reimbursement is at the payer's discretion. In addition, a Category III code does not require FDA approval, whereas procedures described by a Category I CPT code must have FDA approval.

### In the interim, how do physicians work with payers in establishing an appropriate payment rate for Quantitative Ultrasound Tissue Characterization procedure (via Koios DS) when they are reported with Category III CPT codes?

For physician services reported with a Category III CPT code, providers may reference or crosswalk a procedure code with similar coverage or equivalent resources (i.e., RVUs) as the Quantitative Ultrasound Tissue Characterization procedure.

Recommended items to support your claims submissions include the following:

- Copy of operative report
- Letter of medical necessity
- Copy of the FDA approval letter (Koios Medical can supply an electronic copy)

A copy of relevant published clinical literature supporting the use of the Koios DS may assist in the determination of support for claims. If physicians are employed by the hospital and their compensation is based on productivity from an RVU tracking methodology, it is important to work closely with the hospital administrators in benchmarking Quantitative Ultrasound Tissue Characterization procedures to a procedure with established RVU's utilizing similar resources, time, competency and risk. These discussions should happen in conjunction with Koios DS being activated.

Unless an NCD (national coverage determination), LCD (local coverage determination) or coverage article is published to address coverage for a specific Category III CPT code, most payers reserve the right to consider all services and procedures listed in the current and future Category III CPT code list as not proven effective and may deny submitted claims as not medically necessary. Advocacy, collaboration and evidence will be required to obtain coverage determinations based on physician adoption and evidence of efficacy and impact produced by participating physicians.

**For additional information, please contact Koios Medical.**

