

Coding Guide 2020

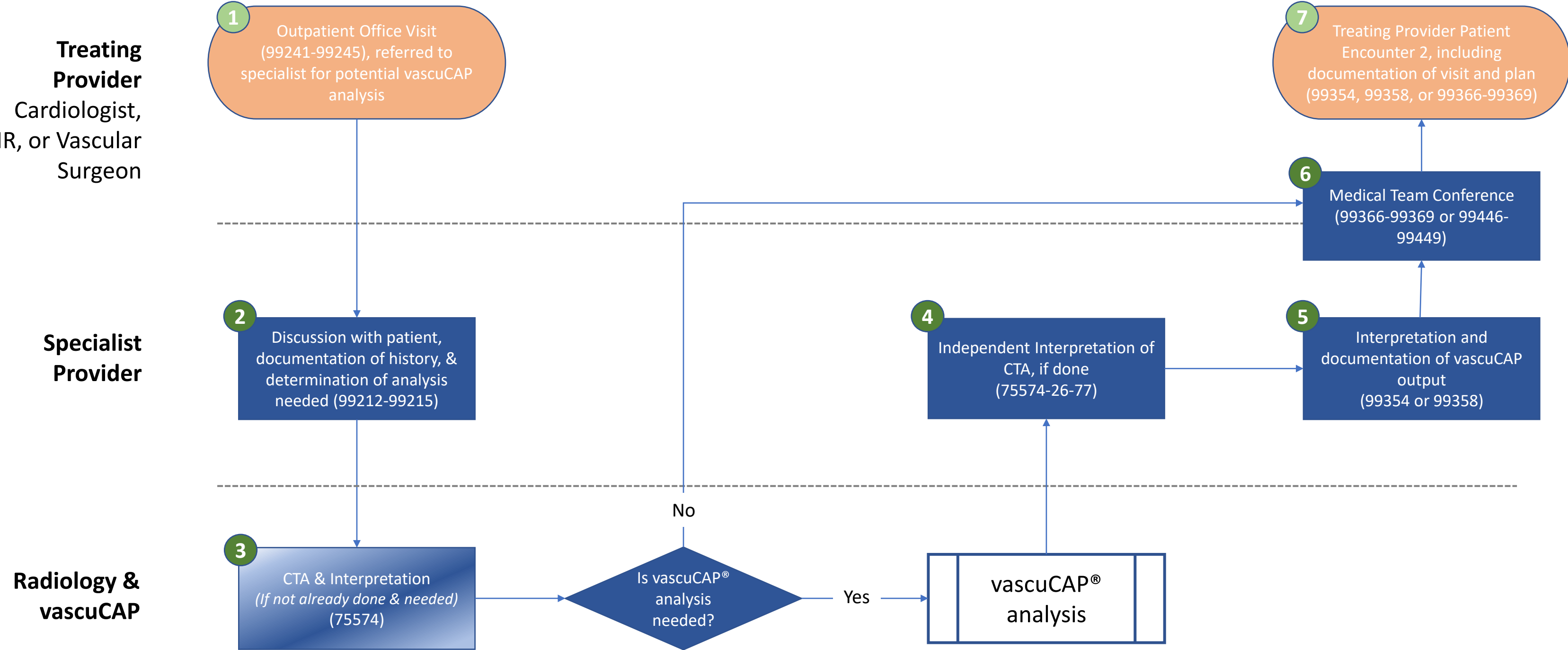
seeing beyond the image in vascular disease

FDA-cleared, non-invasive, histologically-validated, image analysis software for evaluating atherosclerotic plaque stability from a single CT Angiography, enabled by machine intelligence

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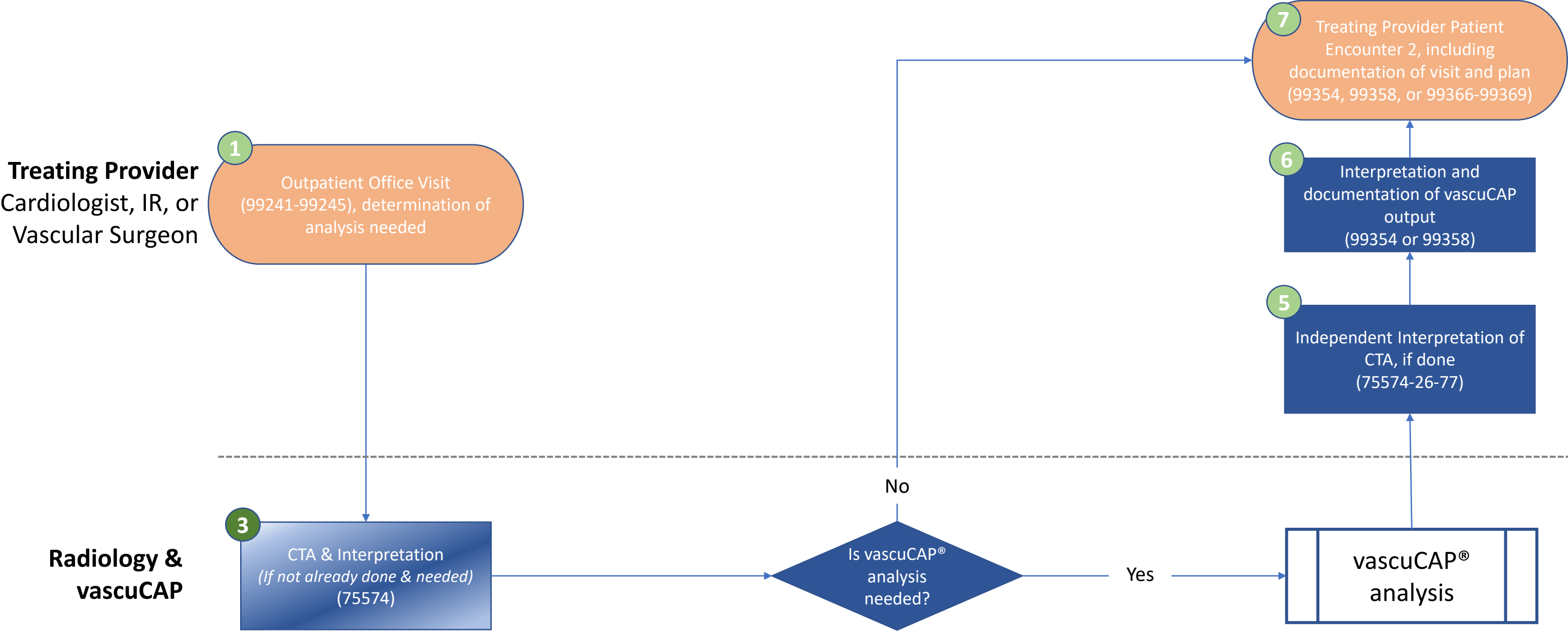
vascuCAP[®] Outpatient Workflow Option 1

Exact workflow will vary by facility



vascuCAP[®] Outpatient Workflow Option 2

Exact workflow will vary by facility

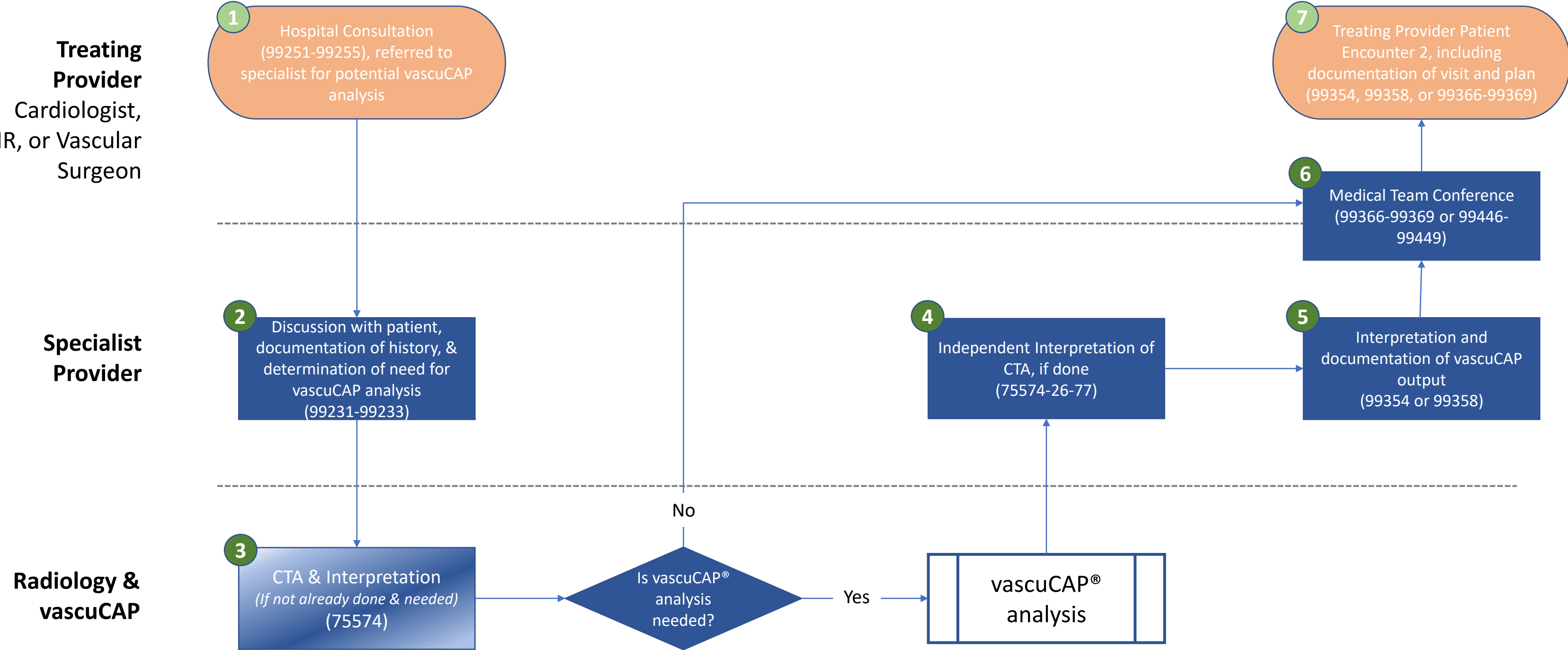


vascuCAP® Outpatient Coding Details

Code selection at hospital discretion. Not all codes may apply for each encounter. Adjust as needed by payer. Please see disclaimer.

#	CPT Code	Description	Justification
1	99241-99245	New or Established Patient Office or Other Outpatient Consultation Services	Office visit where patient is referred to specialist to determine if vascuCAP analysis is warranted.
2	99212-99215	Office or Other Outpatient Visit for Established Patient	Patient discussion and documentation of history by specialist physician to determine if vascuCAP analysis is warranted
3	75574	Computed tomographic angiography	CTA if needed as diagnostic & not already done
4	75574 with -26 & -77 modifiers	Computed tomographic angiography – Professional Services, repeat by a different provider	<p>There are instances where the ordering/requesting provider may find it medically necessary to personally view the (CTA) images in order to clinically correlate the initial study finding. CMS has approved separate coding and billing for such services when medically necessary and documented. Coding guidelines require the patient's provider to assign the same CPT-4 code as was used by (Radiology or Cardiology) appended with the -26 (professional component) and the -77 modifier (repeat service by different provider), as 75574-26-77. This will avoid encroaching on the reimbursement for original study interpretation.</p> <p>Medical necessity statement may be: <i>further diagnostic data or information was warranted in order to complete my diagnostic work-up, necessitating my independent interpretation of these studies</i></p>
5	99354 or 99358	Prolonged services (face-to-face or non face-to-face)	<p>Provider's work beyond that which is included in a traditional office management service. The provider interprets the vascuCAP output & documents separate report of these findings. As the time (resource) expended to accomplish this work and prepare a report is typically >= 30 minutes, the Prolonged Services code selections become appropriate.</p> <p>Documentation of these (additional) services may include: <i>Following completion of CTA image analysis and interpretation, we proceeded with image and data analysis in order to better specify the histologically-validated vasculature abnormalities. The course of this analysis, resulting in this report, demonstrated _____. A total of ____ minutes was expended this day. A final diagnosis was reached."</i></p>
6	99366-99369 or 99446-99449	Medical Team Conference Direct (Face-to-Face) Contact With Patient and/or Family or Interprofessional Telephone/Internet/Electronic Health Record Consultations	<p>The interaction between the treating provider and the specialist who completed the interpretations is a medical necessity, satisfied by the complex nature of these studies and usefulness in developing a treatment plan. In 2020, please see Medical Team Conference category CPT-4 Codes: 99366-99369.</p> <p>In certain instances, these sessions may be accomplished remotely. In these cases, codes describing Inter-professional Telephone/Internet/Electronic Health Record Consultations apply. Please see CPT-4 codes 99446, 99447, 99448, 99449).</p> <p>Documentation may include: <i>A meeting was held including Dr. _____ and myself with the objective of reviewing complex CTA image information and new data enabled by vascuCAP software. The session was concluded with a consensus regarding recommendations to be offered to the patient (+/- family or caregiver). Total time spent was >= 30 minutes)</i></p>
7	99354, 99358, or 99366-99369	Prolonged services (face-to-face or non face-to-face) or Medical Team Conference Direct (Face-to-Face) Contact With Patient and/or Family	The completion of the work described above necessitates further discussion with the patient. This will typically include an explanation of the complex test results and their meaning in the context of the patient's clinical course and the development of recommended treatment plan. Documentation of this second visit held on the same day requires documentation with description of the recommendations and final plan. This may only apply if the patient remains in the facility though the workflow, which may or may not be practical. The use of CPT-4 codes 99354, 99358, or 99366-99369 are recommended. This would follow the first Evaluation and Management services code captured earlier.
*	93042	Rhythm ECG, 1-3 leads; interpretation and report only	Coronary Only: ECG rhythm monitoring interpretation has been performed and documented. Up to 3 per day per provider at various points of workflow

Exact workflow will vary by facility



vascuCAP® Inpatient Coding Details

Code selection at hospital discretion. Not all codes may apply for each encounter. Adjust as needed by payer. Please see disclaimer.

#	CPT Code	Description	Justification
1	99241-99245	Hospital consultation for a new or established patient	Hospital consultation where patient is referred to specialist to determine if vascuCAP analysis is warranted
2	99212-99215	Subsequent hospital visit	Patient discussion and documentation of history by specialist physician to determine if vascuCAP analysis is warranted
3	75574	Computed tomographic angiography	CTA if needed as diagnostic & not already done
4	75574 with -26 & -77 modifiers	Computed tomographic angiography – Professional Services, repeat by a different provider	<p>There are instances where the ordering/requesting provider may find it medically necessary to personally view the (CTA) images in order to clinically correlate the initial study finding. CMS has approved separate coding and billing for such services when medically necessary and documented. Coding guidelines require the patient's provider to assign the same CPT-4 code as was used by (Radiology or Cardiology) appended with the -26 (professional component) and the -77 modifier (repeat service by different provider), as 75574-26-77. This will avoid encroaching on the reimbursement for original study interpretation.</p> <p>Medical necessity statement may be: <i>further diagnostic data or information was warranted in order to complete my diagnostic work-up, necessitating my independent interpretation of these studies</i></p>
5	99354 or 99358	Prolonged services (face-to-face or non face-to-face)	<p>Provider's work beyond that which is included in a traditional office management service. The provider interprets the vascuCAP output & documents separate report of these findings. As the time (resource) expended to accomplish this work and prepare a report is typically ≥ 30 minutes, the Prolonged Services code selections become appropriate.</p> <p>Documentation of these (additional) services may include: <i>Following completion of CTA image analysis and interpretation, we proceeded with image and data analysis in order to better specify the histologically-validated vasculature abnormalities. The course of this analysis, resulting in this report, demonstrated _____. A total of ____ minutes was expended this day. A final diagnosis was reached."</i></p>
6	99366-99369 or 99446-99449	Medical Team Conference Direct (Face-to-Face) Contact With Patient and/or Family or Interprofessional Telephone/Internet/Electronic Health Record Consultations	<p>The interaction between the treating provider and the specialist who completed the interpretations is a medical necessity, satisfied by the complex nature of these studies and usefulness in developing a treatment plan. In 2020, please see Medical Team Conference category CPT-4 Codes: 99366-99369.</p> <p>In certain instances, these sessions may be accomplished remotely. In these cases, codes describing Inter-professional Telephone/Internet/Electronic Health Record Consultations apply. Please see CPT-4 codes 99446, 99447, 99448, 99449).</p> <p>Documentation may include: <i>A meeting was held including Dr. _____ and myself with the objective of reviewing complex CTA image information and new data enabled by vascuCAP software. The session was concluded with a consensus regarding recommendations to be offered to the patient (+/- family or caregiver). Total time spent was ≥ 30 minutes)</i></p>
7	99354, 99358, or 99366-99369	Prolonged services (face-to-face or non face-to-face) or Medical Team Conference Direct (Face-to-Face) Contact With Patient and/or Family	The completion of the work described above necessitates further discussion with the patient. This will typically include an explanation of the complex test results and their meaning in the context of the patient's clinical course and the development of recommended treatment plan. Documentation of this second visit held on the same day requires documentation with description of the recommendations and final plan. This may only apply if the patient remains in the facility through the workflow, which may or may not be practical. The use of CPT-4 codes 99354, 99358, or 99366-99369 are recommended. This would follow the first Evaluation and Management services code captured earlier.
*	93042	Rhythm ECG, 1-3 leads; interpretation and report only	Coronary Only: ECG rhythm monitoring interpretation has been performed and documented. Up to 3 per day per provider at various points of workflow

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