2024 CPT® Code Updates (CDM Focused)

December 12, 2023

Webinar FAQ Document

1. **Question:** Will we use 26/TC modifiers with 75580? We currently bill the 0502T & 0503T out of our facility, and the 0504T out of an office for our provider's interpretation?

   Answer: Current Procedural Terminology (CPT®) code 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 health care professional,* is for reporting both the professional component and technical component of the service and therefore could be billed with both modifiers 26 and TC.

   The Addendum B file included with the calendar year (CY) notice of final rule making (NFRM) tables has assigned code 75580 to status indicator S, *Procedure or Service, Not Discounted When Multiple Paid under OPPS; separate APC payment*, which indicates there is a technical component for the procedure.

   The Medicare Physician Fee Schedule (MPFS) Relative Value Unit (RVU) file shows CPT® code 75580 RVUs for the global service and with the professional component (PC) and technical component (TC) amounts.[1]

2. **Question:** Will code 76984 not be able to be billed for a base code or will it only be able to be billed for professional services using modifier 26?

   Answer: CPT® code 76984, Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic, is assigned to status indicator C, *Inpatient Procedures Not paid under OPPS.* For facility reporting, the patient would need to be admitted as an inpatient and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) codes would be used rather than assigning CPT® codes on the claim.

   The MPFS RVU file shows the breakdown between the PC, TC and global components. For the global and PC components, 76984 is assigned to a status code of C, *Contractor Priced.* Therefore, when CPT® code 76984, *Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic* is reported without a modifier or with modifier TC, your local Medicare Administrative Contractor (MAC) will review the claim for reimbursement purposes.[2]

3. **Question:** What department would perform the near-infrared spectroscopy services (NIRS) 0859T or 0860T?

Answer: CPT® 0859T, *Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure),* is to be used in conjunction with CPT® code 0640T, *Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site*.

CPT® codes are department agnostic and may be performed in a variety of clinical settings. According to the CPT® Guidelines for code 0640T, NIRS is used to measure cutaneous vascular perfusion. The codes 0640T and 0859T should be reported once when performing noncontact NIRS of multiple wounds. The department where the equipment is located and the staff are functioning within their state scope of practice license as well as following facility policies, procedures and bylaws may report the service.[3]

4. **Question:** Could the codes 97550-97552 be used to train parents on ways to address challenging behaviors in children with autism?

   Answer: Yes, as long as the services are not covered under a different benefit category or federal program or reported with a different CPT®/HCPCS code. Possible conditions that CMS listed in the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (MPFS) Final Rule include conditions such as stroke, traumatic brain injury (TBI), autism spectrum disorders, individuals with other intellectual or cognitive disabilities, physical mobility limitations or necessary use of assisted devices or mobility aids.

   Caregiver training services (CTS) have been designated as "sometimes therapy" codes. CMS considers CTS services reasonable and necessary when furnished based on an established, individualized, patient-centered treatment plan or therapy plan of care accounting for the patient's specific medical needs.[4]

5. **Question:** Are insurance companies starting to reimburse for digitization codes 0751T-0763T?

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[1] Centers for Medicare & Medicaid Services, "PFS Relative Value Files, RVU24A," available at: https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files

[2] Centers for Medicare & Medicaid Services, "PFS Relative Value Files, RVU24A," available at: https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files

[3] CPT® 2024 Manual, Professional Edition, "Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site)," page 925

[4] Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, CMS-1784-F, "(27) Payment for Caregiver Training Services," pages 78914-78920, available at: https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

Answer: Unfortunately, there is no official data repository to obtain this information. Because the codes are add-on codes, CMS has assigned them to status indicator N, *Items and Services Packaged Into APC Rates.* Medicare does reimburse for the codes, but the payment is packaged into the reimbursement for the primary procedure code.[5]

6. **Question:** Do you know where we could get a comprehensive list of the new, revised and deleted CPT® code changes?

   Answer: In the Vitalware® product on the Main Dashboard, the Reference Documents sections contains a downloadable document of the CPT-HCPCS changes for CY 2024.

[5] Pub. 100-04 Medicare Claims Processing Manual, Chapter 4 Part B Hospital, "Subsection 10.4 Packaging," pages 24-25, available at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf
Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, CMS-1786-FC, "c. CY 2024 Proposed 340B Drug Payment Policy," page 81771, available at: https://www.govinfo.gov/content/pkg/FR-2023-11-22/pdf/2023-24293.pdf