

# Coding & Navigating New Technology in Your Radiology Practice

*A Panel Discussion*



# Today's Presenters



Jennifer Bash  
Director of Coding Education  
Advocate RCM



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# Disclaimer

**The information presented is based on the experience and interpretation of the presenters. Though all of the information has been carefully researched and checked for accuracy and completeness, ADVOCATE does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.**

# Agenda



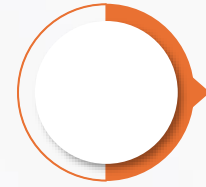
**Introduction**

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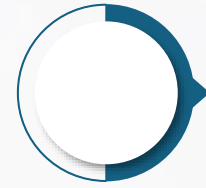
**A Look Back-History of New Technology Adoption**

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**CPT & Code Development Process**

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**AI Emergence in Healthcare**

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**A Vendor Perspective**

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**Advocate Case Studies**

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**Jenn Bash**  
Director of Coding Education  
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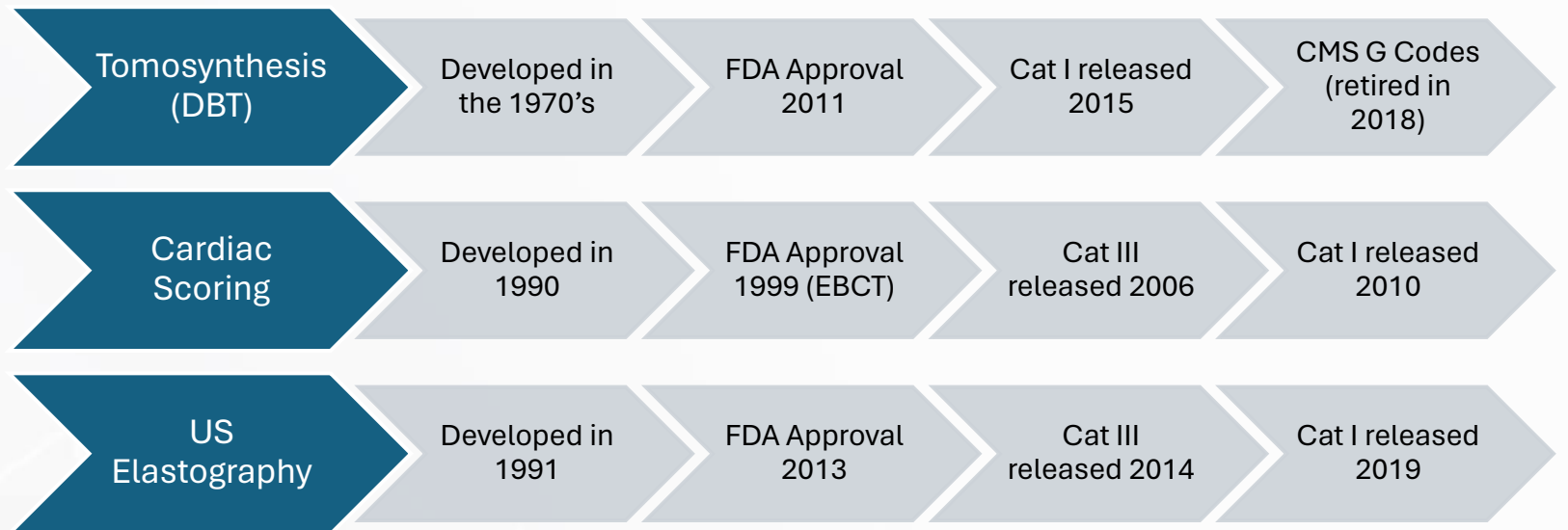


# A Look Back...

- Historical Perspective of New Technology
- Coding and reimbursement lag
- Industry Perception



# A Few Examples



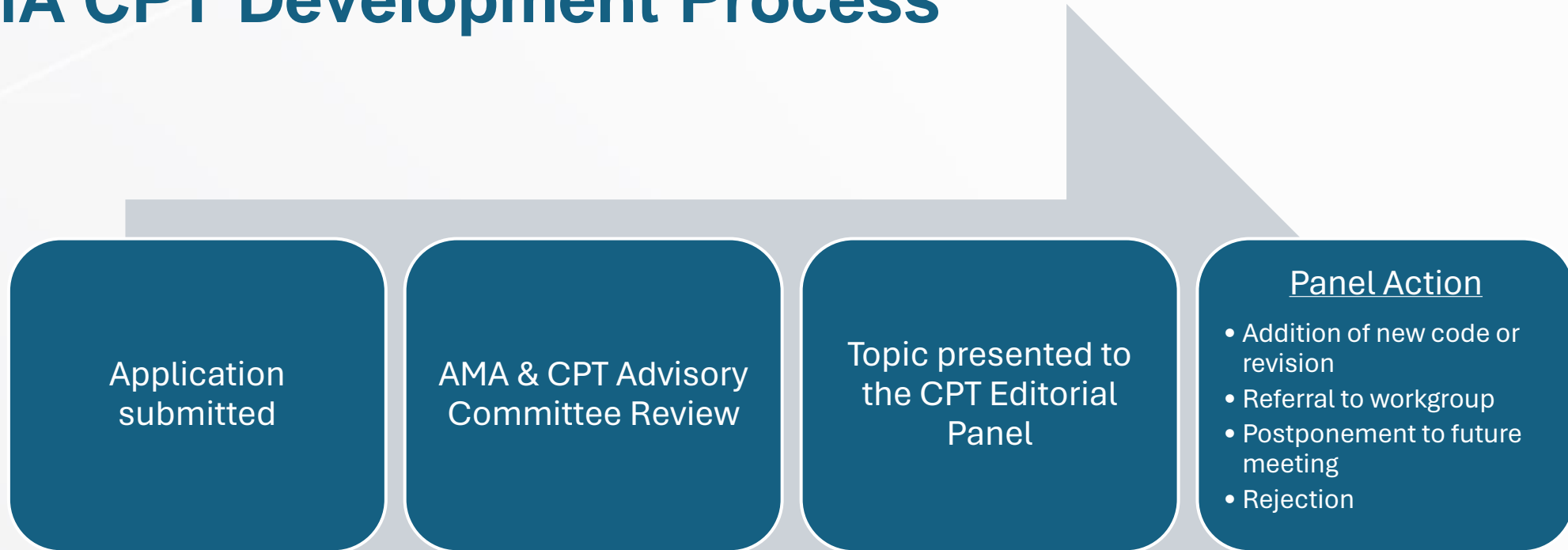
# CPT Basics

- CPT is owned and authored by the AMA
- CPT codes offer providers a uniform language for coding services for reporting and administrative purposes both in the RCM and clinical aspects
- CPT terminology is widely accepted nomenclature for reporting
- Development of the code set is led by the CPT Editorial panel
- Development process "ensures clinically valid codes are issued, updated, and maintained on a regular basis to accurately reflect current clinical practice and innovation in medicine"
- Category I/ Category II/ Category III

<https://www.ama-assn.org/practice-management/cpt/cpt-overview-and-code-approval>



# AMA CPT Development Process



<https://www.ama-assn.org/about/cpt-editorial-panel/cpt-code-process>

# CPT Development: Key Stakeholders

## CPT Editorial Panel

- 21 members made up of all medical professionals
- Meets 3 times per year
- Reviews about 200 topics per year

## CPT Advisory Committee

- Serve as a resource to the CPT Editorial Panel by giving advice on procedure coding and appropriate nomenclature as relevant to the member's specialty.
- Provide documentation to staff and the CPT Editorial Panel regarding the medical appropriateness of various medical and surgical procedures under consideration for inclusion in the CPT code set.
- Suggest revisions to the CPT code set. The advisory committee meets annually at the CPT February meeting to discuss items of mutual concern and to keep abreast of current issues in coding and nomenclature.
- Assist in the review and further development of relevant coding issues and in the preparation of technical education material and articles pertaining to the CPT code set.
- Promote and educate its membership on the use and benefits of the CPT code set.

<https://www.ama-assn.org/about/cpt-editorial-panel/cpt-code-process>

# Required Criteria for Code Submission

## Category I CPT

All devices and drugs necessary for performance of the procedure or service have received FDA clearance or approval when such is required for performance of the procedure or service.

The procedure or service is performed by many physicians or other qualified health care professionals across the United States.

The procedure or service is performed with frequency consistent with the intended clinical use (i.e., a service for a common condition should have high volume).

The procedure or service is consistent with current medical practice.

The clinical efficacy of the procedure or service is documented in literature that meets the requirements

## Category III CPT

The procedure or service is currently or recently performed in humans **AND at least one of the following additional criteria has been met:**

The application is supported by at least 1 CPT or HCPAC Advisor representing practitioners who would use this procedure or service **OR**

The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the CPT Editorial Panel **OR**

There is **a)** at least 1 Institutional Review Board approved protocol of a study of the procedure or service being performed **b)** A description of a current and ongoing United States trial outlining the efficacy of the procedure or service or **c)** Other evidence of evolving clinical utilization

# AI Emergence in Radiology-Examples

- Clinical
  - Tissue Characterization (US and CT)
  - Coronary Non-Invasive Fractional Flow Reserve (FFR) CT
  - Quantitative Analysis MRI Brain
- Administrative



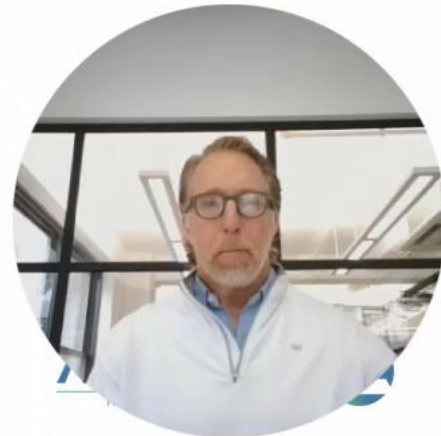
# A Vendor Perspective

**Chad McClennan**

President & CEO  
Koios Medical, Inc



# A Vendor Perspective





# Koios

[kEE-ōs]

Derived from Greek κοῖος (koios), meaning "query, questioning" or "intelligence". Koios was the Titan of wisdom, foresight and intellect.

Founded in 2012

First clinical read 2018

Clinical decision support

120+ sites, 30 countries

12 patents

3 FDA clearances

2 CE marks

CPT Codes: 0689T,  
0690T

Vendor agnostic

## Clinical advisors

Wendie Berg, MD, PhD

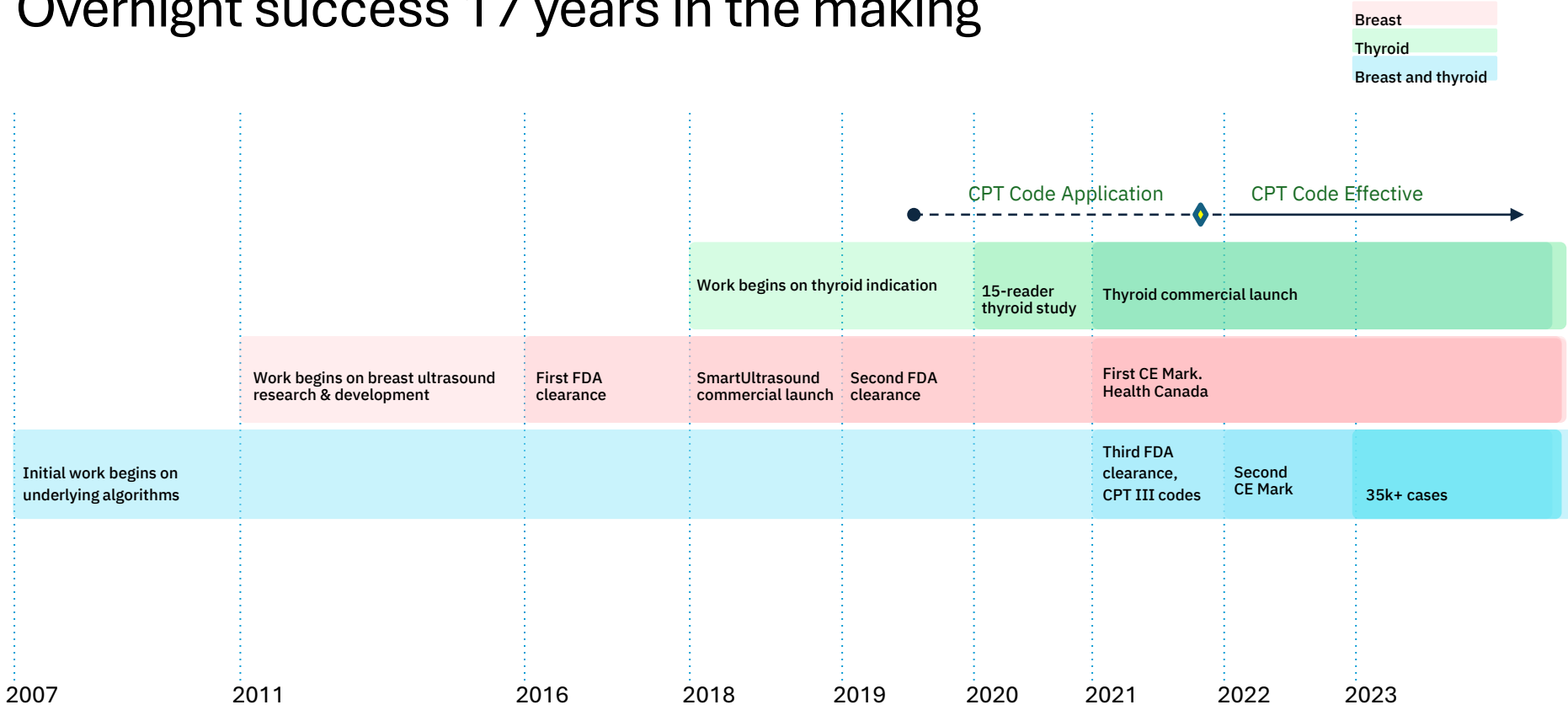
William Middleton, MD FACR

[+ more](#)





# Overnight success 17 years in the making







# Tips for Selecting an(y) Radiology AI solution

- 1. Understand the chosen use case.**

- a. What is the clinical application?
- b. Focused on solving an important problem.

- 1. How large is the installed base, how long available in clinical practice?**

- a. *(presumes must be)* FDA Cleared, and
- b. Technically vetted/approved many times over

- 1. Physician user references made available**

- 1. Proven, referenceable workflow integration (PACS, Reporting)**

- 1. Abundant support evidence “in the literature”.**

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# Advocate Case Studies

# Case Study-FFRCT

**Cecil Bolin**

Client Success Manager  
Advocate RCM



## Coronary Non-Invasive Fractional Flow Reserve (FFR) CT

- Late 2020: Vendor presentation and subsequent implementation
- March 2021: Initial billing of Category III code, 0501T, began after conversations with payer representatives regarding reimbursement.
- April 2021: Medicare MAC published new LCD for 0501T
- April – Aug 2021: Collaborative efforts to update processes and templates to adhere to LCD.
- 2021 Summary – Some payer reimbursement, but many payers still denied claims as experimental. Vendor assistance and hospital stipend on denied claims provided financial assistance.
- 2022 Summary – Significant decrease to the number of claims denied as more payers began covering the exam.
- Effective 1/1/2024 a new Category I code replaced the Category III codes, 0501T – 0504T.
- 2021 – 2023: 235% increase to collections.
- Collaborative effort required involving radiology practice, payers and billing for success.



# Case Study-Neuroquant

**Stephanie Dilullo**

Client Success Manager  
Advocate RCM



# Quantitative Analysis MRI Brain

- Early 2007: Software launch for Neuroquant
- Mid 2016: Vendor presentation and discussion regarding application
  - Key Concern: Local Payor Reimbursement/medical necessity requirements
  - Key Concern: Cost of software vs. billable MRI codes for MRI Brain and 3D Reconstruction 76377
  - Key Concern: Market demand and education for referring physicians
  - Key Concern: Staff training and Software Setup
- Early 2017: Implementation of Software
- Discussion with Payor Representatives: Coverage not allowed for most local payors
- Local physicians hesitant to order study:
  - Provider Education Gap
  - Non-Covered Services Concern
- Vendor assistance requested and provided some initial financial assistance
- 2020: Expansion of medical necessity for some commercial payors increased reimbursement from 2020 onwards
- January 2024: Category III codes launched, 0865T and 0866T

# Key Takeaways

- Reimbursement can substantially lag technological development
- Research into market demand and referrer education can mitigate potential losses
- Strong payor relationships enable better reimbursement feedback in advance
- Medicare billing guidelines can be slow to incorporate the realities of new technologies





# Contact Information

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