ALIVECOR®

2025 Coding Guidance Kardia 12L ECG System

The American Medical Association (AMA) CPT Editorial Panel approved three Category III CPT codes to describe the performance of an algorithmically generated 12-lead ECG from a reduced-lead ECG. The following Category III CPT codes and national average Medicare payment amounts are effective as of January 1, 2025.

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Medicare 2025 National Unadjusted Payment Amounts

Service Provided		Physician Fee Schedule		Hospital OPPS Payment	
CPT Code	CPT Description	Non-Facility	Facility	APC (Status Indicator)	Medicare Payment Amount
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	No national set payment		(M)	—
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	No national set payment		5733 (Q1)	$59.40
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	No national set payment		(M)	—

OPPS Payment Status Indicators

Indicator	Item/Code/Service	OPPS Payment Status
M	Item and Services Not Billable to the MAC	Not paid under OPPS
Q1	STV-Packaged Codes	Paid under OPPS; 1. Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S", "T", or "V" 2. Composite APC payment if billed with specific combination of services based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of services 3. In other circumstances, payment is made through a separate APC payment

Category III CPT codes are temporary procedure codes for emerging technologies, services, procedures, and service paradigms. The use of Category III CPT codes enables physicians and outpatient facilities to accurately report and gather data on the emerging technologies. Importantly, the availability of a Category III CPT code does not constitute coverage or reimbursement by a third-party payor.

Category III CPT codes are not referred to the AMA-specialty RVS Update Committee (RUC) for valuation because no national relative value units (RVUs) are assigned to these codes. Payments for these services or procedures are based on the policies of individual payers and not on a yearly fee schedule. Check with the payor to see if they have guidelines for pricing Category III CPT codes and if so, follow those guidelines.

Payment Considerations

Physicians should be prepared to submit information to the payor that helps payment decisions. Procedures performed in an office setting may require data about office expenses, supplies and equipment. An evidence-based dialogue with the payor contributes to accurate and equitable payment levels. Payors may describe these payment methods as crosswalking or negotiated rate setting.

Crosswalk Payment from a Similar Procedure to the Category III CPT Code

A physician may want to offer a crosswalk analysis in communicating with a payor about a new code.

- The crosswalk first identifies a reference procedure with an established payment level.
- Next, the physician suggests that payment for the new Category III CPT code should be at the same rate as the reference procedure rate because both procedures require similar physician time, effort, and complexity.
- The payor may accept the "comparability" of the procedures and crosswalk payment from the reference procedure to the new Category III CPT code.
- Medicare has used the crosswalk process in various settings. While the Medicare physician fee schedule establishes payment based on the relative values of physician work, practice expenses, and malpractice, these metrics may be part of a local contractor Category III CPT code payment crosswalk.

Value-based Negotiated Rates

A physician may also consider a negotiated rate approach. This uses similar information from a crosswalk, but with broader clinical and payment considerations, such as:

- Unique clinical value
- Improved net health outcomes
- Comparison of clinical impact to other treatments
- Resource comparison, including the relative complexity of the procedure to alternative treatment of the same condition
- Time and professional skill to perform the procedure

Reimbursement Support

For questions regarding coding, payment, coverage, and other reimbursement information, please contact us at: Reimbursement@alivecor.com.

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