

Radiology Coding Alert: New AI Codes Could Impact Your Reimbursements

2025 introduces new AI-specific Category III CPT codes for advanced diagnostic technologies.

New AI-Specific Category III Codes & Clinical Applications

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| Chest CT AI Analysis (0877T-0880T) These codes cover AI-driven analysis of chest CT scans for detecting and characterizing various pulmonary conditions, including lung nodules and COVID-19 findings. Benefits include improved diagnostic accuracy and efficiency in screening programs. | Prostate Mapping (0898T) This code pertains to AI-assisted prostate mapping, typically used with MRI for precise localization of prostate lesions in cancer diagnosis and treatment planning. It enhances the accuracy of biopsies and targeted therapies. | Quantitative MRI (0648T/0649T) These codes address quantitative MRI analyses, which extract measurable data from MRI scans to assess tissue properties. This is crucial for evaluating conditions like liver fibrosis or neurodegenerative diseases, offering objective metrics for disease progression. |
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The RVU Challenge

A critical challenge for these new Category III codes is the absence of assigned Relative Value Units (RVUs). This lack of defined valuation means reimbursement will largely be at individual payers' discretion, leading to inconsistencies and uncertainty for providers and impacting technology adoption.

Category III Challenges by the Numbers

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|---|--|---|
| 0 | 5 | 75% |
| RVUs Assigned | Years Maximum | Initial Denial Rate |
| Currently, Category III codes have no assigned Relative Value Units, meaning no standardized payment. | Category III codes are temporary, valid for a maximum of five years before being reviewed for permanent Category I status. | Without established RVUs, many initial claims for Category III services face high denial rates from payers. |

Market Outlook & Legislative Support

Legislative efforts like the proposed **Health Tech Investment Act (S.1399)** aim to standardize reimbursement for innovative healthcare technologies. This act seeks to encourage broader adoption of these crucial diagnostic tools and ensure providers are adequately compensated.

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| \$8.8B | 15-20% | 25% | 12% |
| Global Market by 2027 | Diagnostic Accuracy Improvement | Workflow Efficiency Gains | Reduction in Unnecessary Imaging |
| The AI in radiology market is projected for significant growth, reflecting its increasing integration and value. | AI solutions are shown to significantly enhance the accuracy of radiologic diagnoses, leading to better patient outcomes. | Integration of AI streamlines radiology workflows, reducing reading times and administrative burden for clinicians. | AI can help optimize imaging protocols, leading to a decrease in redundant or unhelpful scans, benefiting both patients and healthcare systems. |

Strategic Action Plan: Maximizing AI Code Reimbursement Success

The introduction of AI-specific codes marks a significant shift in radiology billing that requires proactive preparation, presenting both challenges and opportunities for practices ready to adapt.

Understanding the Challenges of Category III Codes

Category III CPT codes are temporary codes for emerging technologies, services, and procedures, presenting unique reimbursement challenges.

- No Established Value**
Unlike Category I codes, Category III codes do not have a defined reimbursement rate, leading to variable or no coverage.
- Temporary Status**
These codes are temporary, with a limited lifespan before conversion to Category I or retirement. This creates uncertainty for long-term planning.
- Documentation Burden**
Extensive clinical documentation is required to demonstrate medical necessity, efficacy, and improved patient outcomes, often exceeding standard requirements.
- Payer Negotiations**
Reimbursement often requires direct negotiation with individual payers, necessitating a robust appeals process and strong evidence base.

Strategic Billing Recommendations for AI Codes

Preparation Phase
Conduct internal audit of workflows, identify AI applications, and train staff on new documentation requirements.

Proactive Payer Relations
Engage early with payers to understand policies, advocate for coverage, and establish communication channels.

Robust Data Collection
Implement systems to collect granular data on AI usage, outcomes, and clinical utility to support appeals.

Streamlined Appeals Process
Develop an efficient process for appealing denied claims, backed by compelling clinical evidence.

3-Step Implementation Action Plan

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|--|--|--|
| 01 | 02 | 03 |
| Document Clinical Necessity <ul style="list-style-type: none">Develop standardized templates for AI-assisted procedure reports.Conduct ongoing training for radiologists and coders on specific documentation requirements for each AI code. | Prior Authorization Management <ul style="list-style-type: none">Identify key payer contacts responsible for new technology review.Prepare comprehensive evidence packages including peer-reviewed literature and internal data. | Outcome Data Collection <ul style="list-style-type: none">Establish baseline metrics for relevant clinical outcomes before AI implementation.Implement tracking systems to collect pre- and post-AI intervention data. |

2025 Radiology Procedure & Code Summary

| Procedure/Technology | Code(s) | AI Related? | Outlook | Priority Level |
|----------------------------|------------------|-------------|--------------------------|----------------|
| Chest CT AI analysis (ILD) | 0877T-0880T | Yes | Variable coverage | High |
| Prostate mapping AI | 0898T | Yes | Pending payer policies | Medium |
| Quantitative MRI (RSI) | 0648T/0649T | Yes | Vendor support available | High |
| Traditional CT/MRI | Category I codes | No | Established coverage | Baseline |

Partner with PBS Radiology for Reimbursement Success

PBS Radiology Business Experts can help you navigate the complexities of AI coding and maximize your reimbursement potential. Success with these new codes requires a combination of clinical excellence, thorough documentation, and strategic payer engagement.

- Proactive Engagement:** Don't wait for denials; initiate conversations with payers early.
- Data-Driven Advocacy:** Use your own practice's data to demonstrate AI's value.
- Continuous Learning:** Stay updated on evolving payer policies and AI technology.
- Collaboration:** Work closely with radiologists, coders, and administrative staff.

We offer a comprehensive 3-step assessment process to ensure your practice is ready for the 2025 coding changes:

1

Assess Current State
Evaluate your practice's readiness for AI code implementation and identify gaps in documentation processes.

2

Develop Strategy
Create comprehensive billing and documentation strategies tailored to your specific AI technologies and payer mix.

3

Implement & Monitor
Execute your strategy with careful tracking of outcomes and continuous refinement based on payer responses.

Contact us today at [Pbsradiology.com](https://pbsradiology.com) to ensure your practice is ready for the 2025 coding changes!

Contact PBS Radiology