

CPT Coding for Assistive Algorithmic Electrocardiogram for Cardiac Dysfunction

NOVEMBER 2024

CPT CATEGORY III CODES

Category III codes are a temporary code set for emerging technologies, services, procedures, and service paradigms. The following codes are a subset of the CPT Category III code set describing assistive algorithmic electrocardiogram assessment for cardiac dysfunction.

The following codes capture different clinical clinical situations. CPT code +0764T is an add-on code and may only be reported in conjunction with primary electrocardiogram procedures 93000 & 93010 as stated in the instructional parenthetical notes in the table below. In cases where an assistive algorithmic assessment is performed on a prior electrocardiogram, CPT 0765T may be used.

Effective January 1, 2025, CPT +0764T and 0765T are listed under the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems (OPPS) with a status indicator "S". Services with an indicator of "S" receive a separate APC payment. They are not discounted when multiple procedures are performed or bundled with other services.

TABLE 1.

CPT	Long Code Descriptor	Physician Office	Hospital Outpatient (Medicare)	
			APC Category / Status ¹	APC Payment ²
+0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure) ▶(Use 0764T in conjunction with 93000, 93010)◀ ▶(Use 0764T only once for each unique, concurrently performed electrocardiogram tracing)◀	N/A	APC 5734 / S	\$128.90
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram ▶(Use 0765T only once for each unique, previously performed electrocardiogram tracing)◀	N/A	APC 5734 / S	\$128.90

+ Signifies an Add-on Code

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¹ CMS CY2025 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1809-FC, including related addenda. Effective through December 31, 2025. <https://public-inspection.federalregister.gov/2024-25521.pdf>

² Centers for Medicare & Medicaid Services. CY 2025 Hospital Outpatient Prospective Payment- Notice of Final Rulemaking (NFRM): CMS-1809-FC. 2025 NFRM OPPS Addenda.

<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>