



SOCIETY OF **CARDIOVASCULAR** COMPUTED TOMOGRAPHY

Coding Update - Question & Answers

Stress Myocardial Computed Tomography Perfusion

What is stress myocardial computed tomography perfusion (CTP)?

A stress CTP is an examination that provides physiological information (i.e., myocardial perfusion), which can be added to the anatomic information of Coronary CTA. Multiple studies have established the high diagnostic accuracy of stress myocardial CTP to detect myocardial ischemia when compared to several modalities such as SPECT, invasive angiography, Cardiac MRI and fractional flow reserve. Furthermore, it has been illustrated that a combined CTA/CTP protocol improves the diagnostic accuracy to detect hemodynamic significant stenosis as compared with CTA alone.

What are the indications for stress CTP?

The stress test is used to evaluate the heart and vascular system during exercise. It helps answer to two general questions: 1) Is CAD present that only becomes apparent when the heart is stressed by exercise? 2) If there is underlying heart disease, how severe is it likely to be? For specific indications (ICD-9) codes please consult your local payers directly.

How do you bill for a stress CTP?

A stress CTP study should be reported using CPT® code **75574** (*Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post-processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)*) and one of the appropriate cardiac stress codes (93015-93018). Reporting the cardiac stress study components performed. The total volume of contrast given for stress, and rest imaging if performed, and the stress agent should be reported as well with the appropriate HCPCS code(s).

If rest perfusion imaging is performed in addition to stress perfusion imaging, it is not appropriate to report a second cardiac CT study code. Only one cardiac CT code should be reported.

Imaging Pre-Interventional Service

Use of CT angiography or other imaging modalities prior to an interventional procedure is sometimes warranted to plan, guide and determine the suitability of the patient for the procedure. As an example, in the case of Transcatheter Aortic Valve Replacement (TAVR) there is no single CPT code to cover this examination. This CT examination in most departments consists of a 1) CCTA examination (CPT code 75574) plus 2) Abdomen/pelvis angiography. Each of these services is separately billable, however they must be supported by medical necessity.

As noted there is not a code to report the multiple imaging services which may be performed prior to an interventional procedure. Each patient may vary and there for physicians should only bill for the appropriate services performed in each instance.

Indications for services

Indications (ICD-9) codes are determined by the individual payers with whom you or the site in which your practice contracts. SCCT recommends that if there are questions that you or your practice reach out to the payers with whom you contract for further guidance.

If you should have any further questions, regarding billing or coding for these services, please feel free to contact the SCCT office at 1-800-876-4195 or info@scct.org.

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