

OPTIMIZE REIMBURSEMENT FOR CCTA, FFR_{CT} AND AI-CPA

An Update to Cardiology Revenue Codes

Act now to ensure future Centers for Medicare & Medicaid Services (CMS) rate-setting reflects the true value of your coronary computed tomography angiography (CCTA) + fractional flow reserve computed tomography (FFR_{CT}) + artificial intelligence enabled-coronary plaque analysis (AI-CPA) program. Recent CMS updates have removed key revenue code restrictions,^{1,2} allowing hospitals to align billing practices with the clinical nature of advanced cardiac imaging services. This change directly impacts reimbursement strategies for CCTA, FFR_{CT} and AI-CPA.



UPDATES AND ACTION NEEDED BY HOSPITALS

✓ Use Cardiology Revenue Codes (0480x)

- CMS has clarified that hospitals have the discretion to assign appropriate revenue codes based on the clinical department providing the service.
- Aligning CCTA, FFR_{CT} and AI-CPA services with cardiology revenue codes (0480x) reflects the specialized resources and expertise required, supporting appropriate reimbursement for the services.
- Failure to align CCTA, FFR_{CT}, and AI-CPA to the cardiology revenue codes may lead to a 50% reduction in Medicare reimbursement in the future.

The following are revenue code alignment suggestions:

Consider action to optimize CCTA pathway reimbursement.

| Service | CPT Code(s) | OPPS Status Indicator | APC | Revenue Code Suggestions |
|--------------------------------|--------------|------------------------|------|--|
| CCTA ¹ | 75574 | S | 5572 | 0480: Cardiology, general 0489x: Cardiology, other 0409x: Other imaging services ³ |
| FFR _{CT} ² | 75580 | S | 5574 | 0480: Cardiology, general 0481: Cardiology, cath lab services 0489x: Cardiology, other |
| AI-CPA | 0624T, 0625T | 0624T (N) 0625T (S) | 1511 | 0480: Cardiology, general 0489x: Cardiology, other |

*Revenue code assignment is up to the discretion of the health system; please consult with your revenue cycle organization for appropriate revenue code alignment.

Cath = catheterization; OPPS = outpatient prospective payment system.

✓ Review and Resubmit Denied Claims for FFR_{CT}

- With the removal of the Return to Provider (RTP) edit on the FFR_{CT} service (CPT code 75580) in September 2024⁴, hospitals can now resubmit previously denied claims due to revenue code mismatches.
- Claims are eligible for resubmission within 12 months of the original date of service, creating an opportunity to recover previously unreimbursed payments.

✓ Validate Chargemaster and Cost Reporting

- Confirm that the chargemaster includes appropriate gross charge and cardiology revenue codes for CCTA, FFR_{CT}, and AI-CPA to ensure billing accuracy.
- Verify that cost center mappings are correctly aligned to support accurate cost-to-charge ratio (CCR) calculations, which directly impact CMS payment rate-setting for future years.

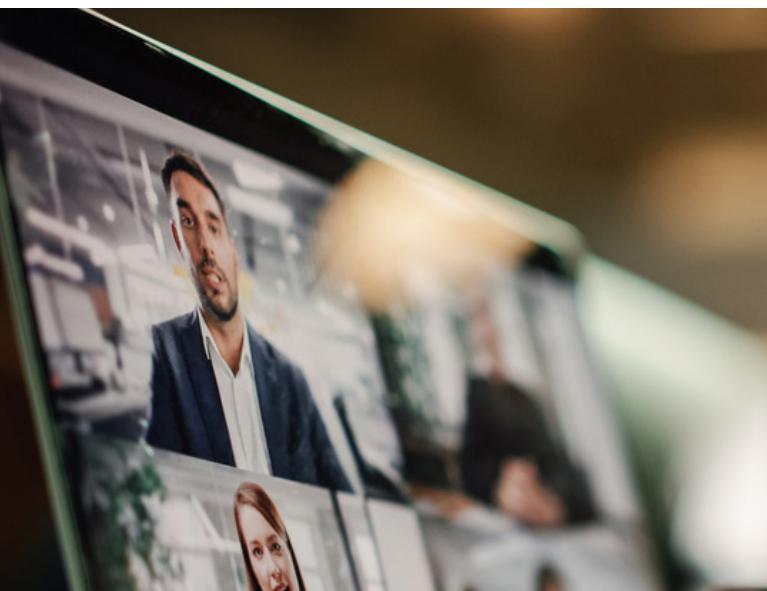


WHY IT MATTERS

- **Long-Term Financial Health:** Accurate revenue coding supports appropriate reimbursement, CCR accuracy and clinical program valuation.
- **Clinical Alignment:** Cardiology-specific revenue codes reflect the complexity and specificity of advanced cardiac imaging.
- **Supports Financial Sustainability:** Accurate revenue coding ensures appropriate reimbursement, supporting the long-term viability of advanced cardiac imaging programs, including accurate information to support future CMS rate setting.

Who Should Act on This Information?

- **Revenue Cycle and Revenue Integrity Leaders:** Implement revenue code and chargemaster updates.
- **Cardiology and Radiology Service Line Administrators:** Ensure alignment between clinical care and billing practices.
- **Managed Care Contracting Teams:** Optimize rates and negotiation leverage based on updated CCR and payment data.
- **Billers and Coders:** Apply the correct CPT/revenue code pairings and identify eligible resubmissions.
- **Finance and Compliance Teams:** Ensure cost center mapping reflects clinical resource usage for OPPS and audit accuracy.



WATCH THE ON-DEMAND WEBINAR

Access Expert Guidance

For a comprehensive understanding of these changes and actionable strategies to optimize your revenue cycle, access the on-demand webinar: [CLICK HERE](#)

This session provides insights from industry experts on aligning billing practices with current CMS guidelines to enhance reimbursement for CCTA, FFR_{CT} and AI-CPA services.

Need more information? Contact reimbursement@heartflow.com.

REFERENCES:

1. CMS. Hospital Outpatient Prospective Payment System: January 2024 Update. CMS Matters. *CMS.gov*. Published January 1, 2024. Accessed May 29, 2025. <https://www.cms.gov/files/document/mm13488-hospital-outpatient-prospective-payment-system-january-2024-update.pdf>.
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