



Administrator Fact Sheet

Revenue code usage for coronary computed tomography angiography (CCTA), HCPCS codes 75574, 75573, and 75572

Background

The [Society of Cardiovascular Computed Tomography](#) (SCCT) is an international society representing nearly 6,000 cardiologists, radiologists, technologists, and researchers. SCCT is committed to exploring, educating, and delivering high-value clinical medicine for the millions of people with suspected coronary artery disease (CAD).

SCCT has long advocated for improved Medicare reimbursement for CCTA under the Outpatient Prospective Payment System (OPPS). CCTA has consistently [demonstrated its value in improving cardiac patient outcomes](#). However, each year, declines in reimbursement have led to lower payment rates, which hinders utilization and conversely restricts patient access to this essential service.

With that said, in its CY2025 final rule, CMS has temporarily reclassified CCTA codes 75572, 75573, and 75574 into a higher payment category, APC 5572. This change raises the hospital outpatient payment rate from \$175.06 (APC 5571) to \$357.13 (APC 5572). This adjustment reflects the clinical value of CCTA in improving cardiac care and aligns reimbursement more closely with the costs of delivering this service. These updates will take effect on January 1, 2025, and represent an important step in recognizing the value of CCTA.

However, the next stage of our advocacy efforts begin. Historically, hospitals were instructed by Medicare Administrative Coordinators (MACs) to use a radiology revenue code (0350) for CCTA, resulting in lower payments compared to the higher-paying cardiology revenue code (0480). Although CMS addressed this issue through a [transmittal \(12421, December 21, 2023\)](#) encouraging the use of appropriate revenue codes, edits from other payers and clearinghouses still require an 035x revenue code, preventing hospitals the flexibility to choose a more appropriate revenue code, such as cardiology.

How can you help?

If you are a Department/Division Administrator/Practice Operations Manager:

- Inform your hospital or health system's revenue cycle team about the importance of using cardiology revenue code 0480 for CCTA instead of the general radiology code 0350, when appropriate.
- Request a review of quarterly claims data to determine if there are any potential barriers in usage.
- Help physicians understand how their work aligns with revenue codes (e.g., using cardiology-specific revenue codes like 0480 for CCTA when appropriate).

- Work with hospital leadership and professional organizations (like SCCT) to advocate for favorable payment policies.

If you are a Revenue Cycle Administrator:

- Work with division administrators, et.al and physicians to track cardiology revenue code 0480 usage and denials – identifying any barriers.
- Offer training on proper documentation, coding, and compliance to ensure services are billed accurately and reimbursed fully.
- Assist with the resubmission of denied claims by addressing documentation or coding issues.
- Regularly share revenue cycle performance metrics with physicians, such as reimbursement rates, claim acceptance/denials, etc.

A list of FAQs can be found on our website: <https://scct.org/page/HOPPScy25> that will answer most commonly used questions regarding cardiology revenue code usage.