# HeartFlow®

### Revolutionizing Precision Heart Care

# The HeartFlow FFR$_{CT}$ Analysis: Transition to a Category I CPT® Code

The HeartFlow fractional flow reserve derived from computed tomography (FFR$_{CT}$) service utilizes standard coronary computed tomography angiogram (CCTA) data, algorithms trained using deep learning (a form of AI), and highly trained analysts to create a digital, personalized 3D model of the heart. FFR$_{CT}$ then uses powerful computer algorithms to solve millions of complex equations to simulate blood flow and provides FFR$_{CT}$ values along the coronary arteries. This information is used by physicians in evaluating the impact a blockage may be having on blood flow and determine the optimal course of treatment for each patient. A positive FFR$_{CT}$ value (≤ 0.80) indicates that a coronary blockage is impeding blood flow to the heart muscle to a degree which may warrant invasive management.

## Coding update for the FFR$_{CT}$ Analysis

Beginning on January 1, 2018, the American Medical Association (AMA) created new Category III Current Procedural Terminology (CPT)[1] codes used to bill for the FFR$_{CT}$ Analysis. In response to increased utilization of this service and its inclusion in practice guidelines[2], the American College of Cardiology (ACC) and the Society of Cardiovascular Computed Tomography (SCCT) petitioned the AMA to transition the codes for FFR$_{CT}$ to a Category I Code to reflect that the service is consistent with current medical practice.

Beginning January 1, 2024, the AMA has established a Category I Code to bill for the FFR$_{CT}$ Analysis. This new Category I Code will replace the existing four Category III CPT Codes: 0501T, 0502T, 0503T, and 0504T which will be deleted effective January 1, 2024.

| CPT® Code | Description |
|---|---|
| **75580** | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional. |

- (Use 75580 only once per coronary computed tomography angiogram)
- (When noninvasive estimate of coronary FFR derived from augmentative software analysis of the data set from a coronary computed tomography angiography with interpretation and report by a physician or other qualified health care professional is performed on the same day as the coronary computed tomography angiography, use 75580 in conjunction with 75574)
- It is incumbent upon the provider to determine which, if any, modifier should be used. When applicable, use modifier 26 for the professional component and modifier TC for the technical component of the FFR$_{CT}$ service.

Concurrent with the transition to a Category I Code, the Centers for Medicare & Medicare Services (CMS) has updated their payment policies and rates for the FFR$_{CT}$ service in the Calendar Year (CY) 2024 Hospital Outpatient Prospective Payment System (OPPS) and Physician Fee Schedule (PFS) final rules. Specifically, in the CY 2024 OPPS rule, CMS assigned the new Category I Code for FFR$_{CT}$ to clinical ambulatory payment classification (APC) 5724, Level 4 Diagnostic Tests and Related Services.

[1] CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

[2] Gulati, M., et al., 2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulation, 2021. 144(22): p. e368-e454.

## Reimbursement for FFR$_{CT}$ in the CY 2024 OPPS Rule

| CPT® Code | Description | Status Indicator | APC | National Average Medicare Rate |
|---|---|---|---|---|
| **75580** | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional. | S | 5724 | $997.22 |

S = Significant procedure not subject to multiple procedure discounting.

In the PFS, consistent with their treatment of most Category I CPT Codes, CMS assigned Relative Value Units (RVUs) to the new Category I Code for FFR$_{CT}$ and established consistent national payment for the service.

## Reimbursement for FFR$_{CT}$ in the CY 2024 PFS Rule

| CPT® Code | Description | Status Indicator | Work RVU | Total Non-Facility (and Facility) RVUs | National Rate Facility | Medicare Rate Non-Facility |
|---|---|---|---|---|---|---|
| **75580** | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional. | A | 0.75 | 27.12 | $888.02 | $888.02 |

A = Active Code. There will be RVUs and payment amounts for codes with this status.

## Additional considerations for health plans

We suggest health plans take the following actions to ensure members have access to the FFR$_{CT}$ service and claims are efficiently processed:

- Update medical policies on FFR$_{CT}$ with the new Category I Code prior to January 1, 2024.
- Update claims systems with the new Category I Code prior to January 1, 2024.
- Ensure external partners including radiology benefit managers (RBMs), utilization management systems, and guideline vendors receive communication about the code change.