

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 guidelines², 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/AASE/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 OPSS 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.
The national average minimum adjusted co-payment is \$199.45.

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.
The national average co-payment is 20% of the allowed amount, or \$177.57.

Additional considerations for providers

We suggest providers take the following actions to ensure patients have access to the FFR_{CT} service and claims are efficiently processed:

- Notify prior-authorization, billing, and coding teams of the new Category I Code for FFR_{CT}
- Update billing systems with the new Category I Code effective January 1, 2024
- Update order sets and electronic medical records systems with the new Category I Code effective January 1, 2024
- Update chargemaster for the FFR_{CT} service
- Review managed care contracts to understand how the new Category I Code will affect payment for the FFR_{CT} service

