TEMPORARY APC REASSIGNMENT FOR CCTA

Action Required by Hospital Revenue Cycle Managers

The Centers for Medicare and Medicaid Services (CMS) has temporarily reassigned coronary CT angiography (CCTA) codes 75572-75574 from APC 5571 (Level 1 Imaging with Contrast) to APC 5572 (Level 2 Imaging with Contrast) under the 2025 Outpatient Prospective Payment System final rule. This change follows CMS elimination of a Return to Provider Edit, which previously restricted the use of certain revenue codes for these procedures. CMS has clarified that hospitals are free to update their cost reports and make corresponding revenue code changes in their charge masters and on their billed claims.

This temporary reclassification results in a technical fee reimbursement increase from $175 in 2024 to $357 in 2025 – a 104% increase. The reclassification better reflects the resource utilization and clinical value of CCTA and more closely represents the costs of delivering these services.

REQUIRED ACTIONS:

1. **Update Charge Masters:**
   Map CPT® codes to the most appropriate revenue codes in charge masters, cost reports and when billing claims.
   - Consider billing CCTA CPT procedure codes with the following revenue codes:
     - 0480 – *Cardiology – General Classification*
     - 0489 – *Cardiology – Other*
     - 0409 – *Other Imaging Services*
   - Use of the CT revenue code 035X is not recommended as it typically does not include cardiac operating costs necessary for the performance of CCTA.

2. **Review and Correct Internal Edits:**
   Revenue cycle and billing departments should ensure that systems are updated.
   - Ensure billing systems and clearinghouses accept the updated cardiology or general imaging revenue codes for CCTA.
   - Monitor payer responses to claims and address any denials or inconsistencies.

WHY THIS MATTERS:

CMS expects hospitals to adopt revenue codes that more accurately reflect the operating cost of delivering CCTA services. **If less than 50% of hospitals update their billing practices over the next several years, CMS will revert to the lower APC classification, reducing reimbursement.**

Additional Resources:

- ACC Revenue One-Pager
- SCCT Clinician/Administrator Talking Points
- ACR Bulletin "CCTA Technical Reimbursement Doubles, But We All Have to Help Keep It That Way"
- SCCT Resources Page

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