

# Medtronic



## CathWorks FFRangio™ System

# 2026 Coding & Reimbursement Guide

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## Introduction

This document outlines commonly billed codes for the CathWorks FFRangio™ System, associated coronary diagnostic angiography codes, and the associated Medicare national reimbursement rates under the Medicare Physician Fee Schedule (PFS), the Medicare Hospital Outpatient Prospective Payment System (HOPPS), and the Medicare Hospital Inpatient Prospective Payment System (IPPS). Medtronic provides this information for your convenience only. When FFRangio is used in conjunction with other interventional procedures, we recommend consulting relevant coding information for the procedure performed.

## Coding for FFRangio

FFRangio is currently reported using a Category III CPT®<sup>1</sup> add-on code, +0523T, which is reported with applicable coronary angiography code.

Primary Procedure CPT	Description	FFRangio CPT	Description
93454	Coronary angiography, w/o heart catheterization	+0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3-D functional mapping of color coded FFR values for the coronary tree, derived from coronary angiogram data, for the real-time review and interpretation of possible atherosclerotic stenosis(es) intervention
93455	Coronary angiography w/angiography of bypass graft(s), w/o heart catheterization		
93456	Coronary angiography w/ right heart catheterization		
93457	Coronary angiography w/ angiography of bypass graft(s) w/ right heart catheterization		
93458	Coronary angiography w/ left heart catheterization, including left ventriculography		
93459	Coronary angiography w/ angiography of bypass graft(s) w/ left heart catheterization including left ventriculography		
93460	Coronary angiography w/ left & right heart catheterization, including left ventriculography		
93461	Coronary angiography w/ angiography of bypass graft(s) w/ left & right heart catheterization, including left ventriculography		

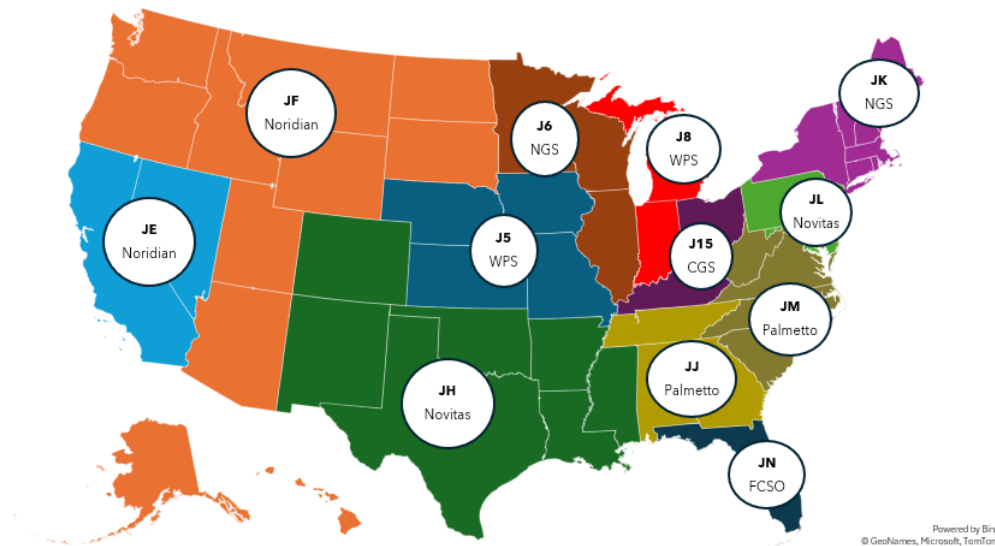
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# Physician Payment

Physicians report the CPT code, +0523T, in conjunction with an applicable coronary angiography procedure code. CPT +0523T is a Category III code and has not been assigned relative value units (RVU) in the Medicare Physician Fee Schedule (PFS).<sup>2</sup> Payment for FFRangio is contractor-priced, so payment is determined by the individual Medicare Administrative Contractors (MAC). Commercial payers set their own rates for Category III CPT codes, so we recommend obtaining payment information directly from the payer.

2026 Medicare Administrative Contractors and Jurisdictions



## Medicare Administrative Contractors

MAC Jurisdiction		Average MAC Payment Rate* (where available)	Website
Noridian	JE	\$1084	<a href="https://www.noridianmedicare.com/">https://www.noridianmedicare.com/</a>
	JF	\$945	
Novitas	JH	\$143	<a href="https://www.novitas-solutions.com/webcenter/portal/NovitasSolutions">https://www.novitas-solutions.com/webcenter/portal/NovitasSolutions</a>
	JL	\$156	
NGS	J6	\$34	<a href="https://www.ngsmedicare.com/">https://www.ngsmedicare.com/</a>
	JK	\$34	
Palmetto	JM	\$171	<a href="https://www.palmettogba.com/">https://www.palmettogba.com/</a>
	JJ	\$169	
FCSO	JN	\$154	<a href="https://www.fcso.com/">https://www.fcso.com/</a>
WPS	J5	\$134	<a href="http://www.wpsgha.com/">http://www.wpsgha.com/</a>
	J8	\$140	
CGS	J15	Not Published	<a href="http://cgsmedicare.com/">http://cgsmedicare.com/</a>

\*As a contractor priced code, payment is subject to change. Averages are current as of January 21, 2026. Check with the appropriate MAC fee schedule for the most current information for your specific geography.

# Hospital Outpatient Payment

FFRangio, CPT code +0523T, is currently listed as status N in the Hospital Outpatient Prospective Payment System (HOPPS)<sup>3</sup>, meaning the service is packaged and not separately paid. However, incremental reimbursement is available through complexity adjustments in certain circumstances. Coronary angiography procedures are typically paid under APC 5191. When a complexity adjustment is applied, payment is promoted to APC 5192. These adjustments are dependent on cost and frequency thresholds set by CMS and are subject to change. For 2026, a complexity adjustment is applied when +0523T is reported with CPT 93454 or 93460.

It is important to report the add-on CPT code in all appropriate cases, regardless of payment implications, as it facilitates accurate data collection for future complexity adjustments.

For cost reporting and UB-04 billing, as a pay-per-use software device, the cost of the CathWorks FFRangio analysis may be captured in the procedure charges, and not as a supply. For instance, if it occurs in a cardiac catheterization lab, the revenue code may be 481- Cardiac Catheterization Lab, and should include the cost of the catheterization procedure as well as the use of FFRangio. However, revenue code reporting may vary depending on site of service and the institution's cost reporting and billing practices.

## 2026 Medicare HOPPS payment for CathWorks FFRangio

Primary Procedure CPT	Description	FFRangio CPT code	APC	2026 APC Payment Rate <sup>3</sup>
<b>Codes eligible for complexity adjustment</b>				
93454	Coronary angiography, w/o heart catheterization	+0523T	5192	\$5,815
93460	Coronary angiography w/ left & right heart catheterization, including left ventriculography		5192	\$5,815
<b>Codes <u>not</u> eligible for complexity adjustment</b>				
93455	Coronary angiography w/angiography of bypass graft(s), w/o heart cath.	+0523T	5191	\$3,312
93456	Coronary angiography w/ right heart catheterization		5191	\$3,312
93457	Coronary angiography w/ angiography of bypass graft(s) w/ right heart cath.		5191	\$3,312
93458	Coronary angiography w/ left heart catheterization, including left ventriculography		5191	\$3,312
93459	Coronary angiography w/ angiography of bypass graft(s) w/ left heart catheterization including left ventriculography		5191	\$3,312
93461	Coronary angiography w/ angiography of bypass graft(s) w/ left & right heart catheterization, including left ventriculography		5191	\$3,312

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# Ambulatory Surgery Center (ASC) Payment

FFRangio, CPT +0523T, is currently listed as status N1 ASC Payment system<sup>3</sup>, meaning the service is packaged and not separately reimbursable. However, additional reimbursement is available in certain circumstances when qualifying procedures are performed together. These payment adjustments are dependent on cost and frequency thresholds set by CMS and subject to change.

For 2026, when +0523T is performed with CPT 93454 (coronary angiography w/o heart catheterization) or 93460 (coronary angiography with left and right heart catheterization) in the ASC setting, the service qualifies for a higher payment than the stand-alone procedure. C-Codes have been established for reporting the combined service (see table below), for use only in the ASC setting. When FFRangio is performed with CPT 93454 or 93460, the applicable C-code should be reported instead of the CPT codes.<sup>3</sup>

## 2026 Medicare ASC National Average Payment

Primary Procedure CPT <sup>1</sup>	Short description	FFRangio CPT code	HCPCS C-code	2026 ASC Payment Rate <sup>3</sup>
<b>Procedures where facilities report applicable HCPCS combination C-Codes instead of the CPT procedure codes</b>				
93454	Coronary angiography, w/o heart catheterization	N/A; Report C-code	<b>C7570</b> Cor angio w/ FFR & 3D map	\$2,727
93460	Coronary angiography w/ left & right heart catheterization, including left ventriculography		<b>C7562</b> R&L hrt angio w/ FFR & 3D map	\$2,727
<b>Procedures where facilities report applicable CPT code with add-on code:</b>				
93455	Coronary angiography w/angiography of bypass graft(s), w/o heart catheterization	+0523T	N/A; Report both primary procedure and CPT code +0523T	\$1,708
93456	Coronary angiography w/ right heart catheterization			\$1,708
93457	Coronary angiography w/ angiography of bypass graft(s) w/ right heart catheterization			\$1,708
93458	Coronary angiography w/ left heart catheterization, including left ventriculography			\$1,708
93459	Coronary angiography w/ angiography of bypass graft(s) w/ left heart catheterization including left ventriculography			\$1,708
93461	Coronary angiography w/ angiography of bypass graft(s) w/ left & right heart catheterization, including left ventriculography			\$1,708

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# Hospital Inpatient

In the hospital inpatient setting, FFRangio is reported using the ICD-10-PCS procedure code. Use of the code does not impact that payment the hospital receives, as the procedure does not impact the Diagnosis Related Group (DRG) assignment in the Medicare Hospital Inpatient Prospective Payment System (IPPS). DRG assignment is dependent on other primary procedures and diagnosis(es) reported on the claim.

## 2026 Medicare Hospital Inpatient Coding

ICD-10-PCS	Description	DRG Payment
XXE3X58	Measurement of Coronary Artery Flow, Quantitative Flow Ratio Analysis	FFRangio does not impact DRG assignment.

**For additional information, please contact our Reimbursement Customer Support:**

**Phone:** 877-347-9662

**Website:** <https://www.medtronic.com/us-en/healthcare-professionals/reimbursement.html>

**Email:** [rs.cardiovascularhealtheconomics@medtronic.com](mailto:rs.cardiovascularhealtheconomics@medtronic.com)

## References

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2. The Medicare Physician Fee Schedule (PFS) 2026 Relative Value Unit (RVU) amounts are based on information in Addendum B from the PFS final rule, CMS-1832-F released November 21, 2025. PFS Federal Regulation Notices. CMS.gov; <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f> . Local physician rates will vary based on location specific factors not reflected in this document. CMS may make adjustments to any or all of the data inputs from time to time.
3. OPSS 2026 National payment rates based on information published in the OPSS/ASC final rule, CMS-1834-FC and corresponding tables Addendum B and Addendum D1 which were released on November 21, 2025. Hospital Outpatient Regulations and Notices. CMS.gov; <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-FC> . Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.

**Risk Statement**

The information provided by the CathWorks FFRangio™ system is intended to be used by a qualified clinician in conjunction with the patient's clinical history, symptoms, and other diagnostic tests, as well as the clinician's professional evaluation. The use of the CathWorks FFRangio may not be appropriate for all patients, particularly in populations where it has not been evaluated, such as patients presenting with STEMI, impaired ejection fraction, severe diffuse disease, dilated coronary vessels, moderate or severe aortic stenosis, or a history of selected prior heart surgeries.

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The provider has the responsibility to determine medical necessity and to submit appropriate documentation, codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies and any applicable laws or regulations that may apply.

This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

Please reference appropriate product *User Manual* for more information regarding indications, contraindications, warnings, precautions, and potential adverse events.

**CAUTION:** Federal (USA) law restricts this device to sale by or on the order of a physician.

For further information, please call and/or consult Medtronic at 800-633-8766 or the Medtronic website at [medtronic.com](http://medtronic.com)

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