Reimbursement & Coding Guidance for 3D Predictive Modeling in Cardiac Procedure Planning

Information on CMS HCPCS Code C9793 and reimbursement considerations for 3D cardiac modeling using CTA or CMR

This resource provides an overview of how imaging may be coded and reimbursed in conjunction with 3D Predictive Modeling for Cardiac Procedure Planning in accordance with product labeling in the USA, and is intended solely to raise awareness among hospitals, clinicians, and patients. Effective January 1, 2024, the Centers for Medicare & Medicaid Services (CMS) introduced HCPCS code C9793 to describe the use of computed tomography angiography (CTA) for outpatient pre-procedural cardiac planning under the Medicare CY 2024 OPPS Final Rule, and on April 1, 2025, CMS revised the code descriptor to also include cardiac magnetic resonance imaging (CMR) as an eligible modality for generating 3D models used in pre-procedural cardiac planning (CMS HCPCS Quarterly Update).

HCPCS Code	Descriptor	Status Indicator	APC	APC Description	2025 Medicare National Rate
C9793	Creation of a 3D predictive model for pre-procedural planning of a cardiac intervention, utilizing data from cardiac CT angiography and/or MRI, with report.	S*	5724	Level 4 Diagnostic Tests & Related Services	$1,017

*- Status indicator S indicates procedure or service not subject to multiple procedure discounting

Billing consideration:

- C9793 applies at the time imaging is performed in outpatient care, and each institution should determine locally how revenue is assigned between specialties such as cardiology and radiology.
- When either CTA or CMR is used to create a 3D model for cardiac planning, providers may submit claims for C9793 to payors for consideration.
- Claims with at least one J1 procedure code are excluded from usual OPPS modeling and undergo comprehensive modeling, which includes:
  - Costs of packaged codes (N, Q1, Q2) and un-coded revenue centers.
  - Costs from major OPPS procedure codes (P, S, T, V).
  - Other J1 codes and J2 services.
  - Non-pass-through drugs and biologicals (K).
  - Blood products (R).
  - Non-implantable DME (Y).
  - Services not paid under OPPS (A), unless excluded.

Disclaimer

ADAS 3D