

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number	
05/01/2026	04/01/2027	ABHIL-RP-0008	
Policy Name		Department	
Noninvasive Estimate of Coronary Fractional Flow Reserve (FFR)		Claims Operations Medical Payment	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of Diagnostic procedure- Noninvasive estimate of coronary fractional flow reserve (FFR). This policy aligns with the Centers for Medicare & Medicaid Services (CMS) policy.

B. Overview

This policy outlines the coding and editing guidelines for reporting analysis of coronary computed tomography (CT) angiogram data to provide a noninvasive estimate of coronary fractional flow reserve (FFR). This policy applies to professional and facility claims.

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
International Statistical Classification of Diseases (ICD-10-CM)	The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.



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Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
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D. Reimbursement Guidelines

ABH IL will only reimburse for a non-invasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography when

- Reported with the approved ICD-10-CM diagnosis code to indicate an abnormal finding on diagnostic imaging of heart and coronary circulation

Claims that are submitted will be denied when

- Procedure is reported without an approved diagnosis.

The medical record documentation is expected to support the specific CPT code(s), ICD-10-CM code(s) and/or HCPCS Codes reported.

E. Codes/Condition of Coverage

Diagnostic- CPT Codes

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
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ICD-10-CM Approved Diagnosis Codes

R93.1	Abnormal findings on diagnostic imaging of heart and coronary circulation
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F. Frequently Asked Questions

N/A

G. Review/Revision Date

Action	Date	Comments
Effective Date	05/01/2026	

H. Resources

1. American Medical Association. *CPT Professional Edition 2025, AMA; 2024.*
2. American Medical Association. *ICD-10-CM 2025 the Complete Official Codebook, AMA; 2024.*
3. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination: *Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for ischemic heart disease.* Article ID: A58814. Issued: April 1, 2022.