

HeartLung AI Welcomes CMS Coverage for AI-Enabled Opportunistic Coronary Artery Calcium (CAC) Detection on Chest CT

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[/EINPresswire.com/](https://EINPresswire.com/) -- [HeartLung AI](#) today welcomed CMS's establishment of HCPCS code G0680 in the April 2026 Hospital Outpatient Prospective Payment System update, effective April 1, 2026, for algorithmic analysis of coronary artery calcium (CAC) and/or aortic valve calcification from chest CT with report. By assigning G0680 status indicator S and APC 1492, CMS has created a reimbursement pathway in the hospital outpatient setting for AI-enabled opportunistic cardiovascular assessment from routine chest CT.

“Covering opportunistic detection of coronary artery calcium is a major step in the right direction,” said Dr. Morteza Naghavi, Founder and President of HeartLung Corporation. “Too many patients with silent coronary artery disease are already in the healthcare system, undergoing CT for non-cardiovascular reasons, yet leave without the cardiovascular information hiding in plain sight. Recognizing algorithmic CAC analysis is a practical, scalable way to identify unrecognized disease earlier and intervene before costly, late-stage adverse outcomes occur.”

This CMS action is consistent with the broader direction of cardiovascular prevention. The 2026 ACC/AHA dyslipidemia guideline elevated the role of CAC in refining cardiovascular risk assessment, while the American Heart Association's 2025 scientific statement specifically described opportunistic detection of CAC on non-cardiac chest CT as an emerging tool for cardiovascular disease prevention and noted that adoption has remained limited despite more than 17 million eligible individuals in the United States.

For HeartLung AI, this policy milestone reinforces the direction behind AI-CAC, AutoCAC, and the

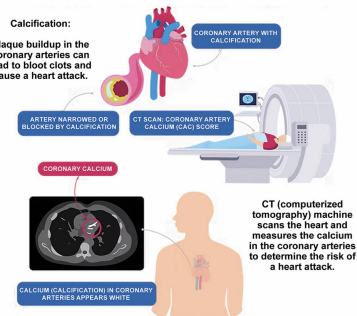
Introducing AutoCAC™ and AI-CAC®

A Calcium Score - also called a Coronary Artery Calcium (CAC) Score or Agatston Score - detects and measures any calcified plaque in the coronary arteries.

It is a highly specific marker for coronary atherosclerosis, and therefore is useful as a risk-stratification tool when assessing patients with chest pain. The greater the coronary calcium score, the larger the amount of plaque there is in the artery wall, and the greater the risk of a heart attack.

CAC is effective regardless of age, gender, and risk factor burden.

Coronary Artery Calcium (CAC) Score



AutoCAC™ (Automated Agatston 1.0)

AutoCAC is a fully automated implementation of the traditional Agatston coronary artery calcium score, effectively representing Agatston 1.0 at scale. It reproduces the conventional CAC methodology based on a fixed radiologic density threshold (≥ 130 HU) and minimum lesion size criteria on a 2.5-3 mm thick slice CT, while eliminating manual reader dependency. AutoCAC demonstrates near-perfect agreement with expert manual Agatston scoring, with negligible bias, excellent reproducibility, and equivalent cardiovascular outcome prediction across long-term follow-up. By standardizing coronary artery segmentation, plaque identification, and scoring across scanners and acquisition protocols, AutoCAC delivers fast, reproducible, and clinically equivalent Agatston scores suitable for population-level deployment and routine clinical workflows.

AI-CAC® (Automated Agatston 2.0)

AI-CAC represents the next generation of CAC quantification—Agatston 2.0—by moving beyond fixed thresholds to a continuous, spatially weighted, probabilistic assessment of coronary calcium burden. AI-CAC assigns voxel-level likelihoods of true calcification based on calibrated HU distributions and spatial context, enabling detection of small, borderline, or semi-calcified plaques that are systematically underestimated or missed by Agatston scoring. While maintaining strong correlation with manual Agatston scores, AI-CAC provides incremental prognostic value, particularly within individuals classified as CAC=0 by Agatston, significantly enhancing the “power of zero” without loss of specificity. In effect, AI-CAC preserves the clinical familiarity of CAC while upgrading it to a biologically continuous, AI-native metric better aligned with early atherosclerosis and long-term cardiovascular risk.

AutoCAC and AI-CAC by HeartLung

broader [AI-CVD](#) platform: using artificial intelligence to turn already-acquired CT scans into actionable preventive insight. HeartLung's FDA-cleared AI-CVD platform is designed to automatically extract opportunistic measurements from existing chest and abdominal CT scans, including CAC scoring and aortic valve calcium, without additional imaging, radiation, contrast, or workflow disruption.

“Detecting and diagnosing additional finding on CT scans with AI needs to move beyond the research domain and enter mainstream clinical care,” said David Yankelevitz, MD, Professor of Radiology, Icahn School of Medicine at Mount Sinai, and Co-Principal Investigator of IELCAP. “When the evidence is mature as for coronary calcium scoring, it should be embedded into everyday care, quietly and consistently leading to clinically meaningful findings from scans that are already being performed. That is how screening scales. That is how earlier prevention becomes real. And that is how lives are saved.”

While G0680 specifically addresses algorithmic analysis of CAC and/or aortic valve calcification from chest CT in the outpatient payment framework, HeartLung AI believes this decision should accelerate broader adoption of opportunistic AI screening and strengthen the case for future reimbursement pathways, including dedicated CAC scanning for appropriately selected patients. The healthcare system should be moving toward earlier, simpler, more automated identification of risk before symptoms, admissions, and avoidable downstream costs.

About HeartLung Technologies

HeartLung Technologies is a pioneer in AI-driven preventive imaging, focused on early detection of cardiovascular disease, lung cancer, COPD, osteoporosis, fatty liver disease, and other conditions detectable on CT scans. Its flagship platform, AI-CVD, transforms routine CT imaging

Coronary Artery Calcification

AI-CVD® Coronary Artery Calcium Report (ECG Gated)

Patient Name: [Redacted]
 ID: None
 Date of Exam: 7/26/2025
 Date of Birth: 3/12/1992
 Gender: Female

Based on your results with an Agatston score of 476.6 and AI-CAC score of 555.75, your coronary arteries are severely calcified. We recommend that you consult with your care provider for necessary follow-up.

| None (0) | Mild (1-99) | Moderate (100-399) | Severe (≥400) |
|----------|-------------|--------------------|---------------|
| 0 | 25th | 75th | 100 |

Your Coronary Artery Calcium Category

Left Main Artery (LM) [Mildly] | Left Circumflex Artery (LCx) [Mildly]
 Right Coronary Artery (RCA) [Mildly] | Left Anterior Descending Artery (LAD) [Mildly]

| | CAC | AI-CAC |
|---|-------|--------|
| Total Score | 476.6 | 555.75 |
| Number of Plaques | 3 | 3 |
| Left Main - Left Anterior Descending (LM-LAD) | 476.6 | 492 |
| Left Circumflex Artery (LCx) | 0 | 0 |
| Right Coronary Artery (RCA) | 6 | 18.75 |
| Number of 0.5x-Plaques | 0 | 0 |
| Total Calcified Plaque Volume (mm³) | 425.3 | 483.5 |

Agatston 2.0
 Thin slices
 0.6 mm slice thickness

Small calcification is detected

AI-CVD® Coronary Artery Calcium Report (Non-gated)

Name: Doe, Jack
 ID: [Redacted]
 Date of Exam: 7/26/2025
 Date of Birth: 3/12/1992
 Gender: Male

Your CT scan has your coronary Fe mildly

Your Coronary Artery Calcium Category

Left Main (LM) [Mildly] | Left Circumflex Artery (LCx) [Mildly]
 Right Coronary Artery (RCA) [Mildly] | Left Anterior Descending Artery (LAD) [Mildly]

| None (0) | Mild (1-99) | Moderate (100-399) | Severe (≥400) |
|----------|-------------|--------------------|---------------|
| 0 | 25th | 75th | 100 |

Agatston 1.0
 Thick slices
 3.0 mm slice thickness

Small calcification is missed

Recommendations
 The above categories are based on the American Heart Association's guidelines for reporting coronary artery calcium in non-ECG-gated chest CT scans. Because this CT scan was not performed as a dedicated heart scan, the standard ECG gating that captures the heart at a still moment is not available. As a result, the images are taken while the heart is naturally moving. This motion can make very precise calcium numbers very slightly from scan to scan.

Based on your results, your coronary arteries are mildly calcified. We recommend follow-up with your care provider for appropriate next steps.

AutoCAC and AI-CAC by HeartLung



into a scalable platform for comprehensive cardiovascular risk assessment and prevention.

About AI-CVD

AI-CVD is an FDA-cleared, AI-powered platform that performs fully automated analysis of CT scans to detect and quantify cardiovascular disease. By enabling opportunistic screening across large populations, AI-CVD supports earlier intervention, improved outcomes, and reduced healthcare costs. AI-CVD is uniquely designed to align clinical impact with economic value. By converting routine CT scans into scalable screening opportunities, AI-CVD enables health systems to improve patient care, increase patient engagement, and generate new downstream revenue from preventive cardiology, imaging, and therapeutic interventions, while reducing the burden of advanced (late-stage) cardiovascular disease.

AI-CVD Components

AI-CVD delivers a comprehensive, automated assessment from a single scan, including:

- Coronary artery calcium (AI-CAC[®]) for atherosclerotic CVD
- Aortic and valvular calcification (TAC/AVC) for valvular disease and stroke
- Cardiac chamber volumetry (AutoChamber[®]) for heart failure and AF
- Aorta and pulmonary artery sizing for aortic aneurysm and pulmonary hypertension
- Epicardial and visceral fat for cardiometabolic disease
- Liver density for hepatic steatosis leading to CVD
- Lung density (emphysema/COPD/ILA linked to CVD and lung cancer)
- Bone mineral density (bone fracture risk)

AI-CVD Impact

AI-CVD converts routine CT imaging into a scalable prevention platform enabling earlier detection of silent disease, improved outcomes, and new pathways for preventive cardiology. Enterprise projections show that AI-CVD adoption can lead to meaningful reductions in major adverse cardiovascular events (MACE), improved population health outcomes, and substantial financial return over a five-year period through integrated care pathways and earlier intervention

About AI-CAC and AutoCAC:

HeartLung AI's AutoCAC represents automated Agatston 1.0, delivering fast, reproducible coronary artery calcium scoring aligned with the traditional CAC method at scale, while AI-CAC represents Agatston 2.0, an advanced AI-native approach designed to detect and quantify coronary calcium more sensitively, including earlier and lower-burden disease that may be underestimated by conventional scoring.

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