

Supplementary data

An FFR_{CT} diagnostic strategy versus usual care in patients with suspected coronary artery disease planned for invasive coronary angiography at German sites: one-year results of a subgroup analysis of the PLATFORM (Prospective Longitudinal Trial of FFR_{CT}: Outcome and Resource IMpacts) study

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Supplementary table 1. Cost weights based on German 2016 reimbursement (euro)

Resource	Cost weight (euro)	GOÄ or G-DRG code
Stress testing		
Exercise ECG	60	652
Stress echo	296	A629
Stress perfusion imaging	504	5424, 5487
Coronary CTA	340	5371, 5376, 5377
Magnetic resonance imaging	603	5715
Invasive tests		
Coronary angiography	2,149	F49G
FFR _{inv}	785	F49F
Intravascular ultrasound	785	F49F
Coronary revascularization		
PCI (1 vessel)	3,074	F58B
PCI (2 vessels)	4,054	F56B
Drug-eluting stents (per stent)	120	ZE101
CABG	14,059	F06F
PCI complication	3,153	F58A-F58B [†]
CABG complication	3,468	F06E-F06F [†]
Visits		
Clinic	108	99214
Emergency department	119	99284

All costs are shown in euro rounded to the nearest whole number.

CABG=coronary artery bypass grafting; CTA=computed tomographic angiography;

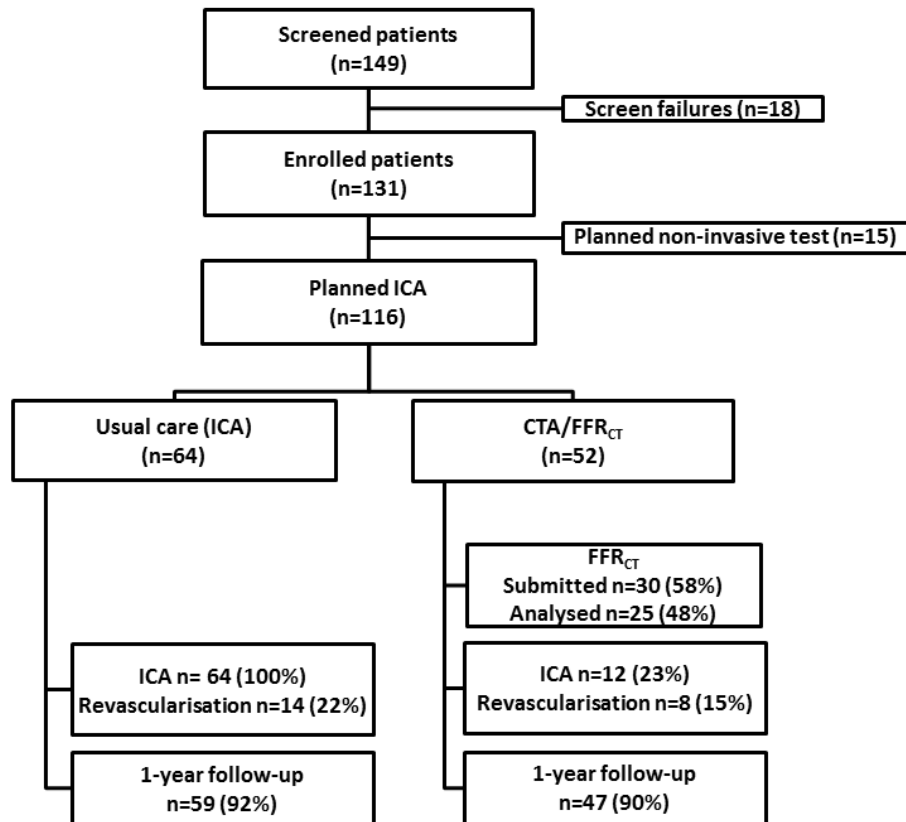
ECG=electrocardiogram; FFR_{inv}= fractional flow reserve determined by invasive coronary

angiography; G-DRG=German Diagnosis-Related Group; GOÄ= German doctor's fee schedule;

ICA=invasive coronary angiography; PCI=percutaneous coronary intervention.

[†]DRG code.

[‡]Difference between DRG codes with and without major complicating conditions



Supplementary figure 1. Flow chart showing screening and enrolment of patients in the German subgroup of the PLATFORM study

CTA = computed tomography angiography; ICA = invasive coronary angiography; FFR_{CT} = fractional flow reserve estimated using computed tomography