



## 2024 Outpatient Coding & Payment Quick Reference

### Interventional Cardiology – Coronary Therapies

**Coding and Payment for Medicare Reimbursement:** The following are the 2024 codes and Medicare national average payment rates for coronary therapies procedures performed in an outpatient hospital setting. Actual rates will vary by hospital.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

Possible C-APC <sup>1</sup>	CPT® Code/HCPCS <sup>2</sup>	Abbreviated Description <sup>3</sup>	National Average Payment <sup>4</sup>
5192 Level 2 Endovascular Procedures	92920	Angioplasty	\$5,446
	92924	Atherectomy without Stent	\$10,482
5193 Level 3 Endovascular Procedures	92928	Stent with PTCA	
	92943	Stent with CTO	
	92947	Stent with Bypass Graft	
	C9600	Drug Eluting Stent - PTCA	
	C9604	Drug Eluting Stent – Bypass Graft	
5194 Level 4 Endovascular Procedures	92933	Atherectomy with Stent	\$16,707
	C9600 x2	Drug Eluting Stent x2 – PTCA	
	C9602	Drug Eluting Stent – Atherectomy	
	C9607	Drug Eluting Stent – CTO	
<i>Bundled with Primary Procedure<sup>5</sup></i>	+92972	Coronary Lithotripsy (IVL)	N/A
<i>Bundled with Primary Procedure<sup>5</sup></i>	+92978	Intravascular ultrasound (IVUS) or optical coherence tomography (OCT)	N/A

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

See important notes on the uses and limitations of this information on page 2.

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**Resources for Interventional Cardiology:** <https://www.bostonscientific.com/en-US/reimbursement/interventional-cardiology.html>  
**Reimbursement Help Desk:** [IC.Reimbursement@bsci.com](mailto:IC.Reimbursement@bsci.com)

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Information included herein is current as of January 2024 but is subject to change without notice. Rates for services are effective January 1, 2024, and set to expire on December 31, 2024.

**Sequestration Disclaimer:** Rates referenced in these guides do not reflect Sequestration.

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<sup>1</sup> Comprehensive Ambulatory Payment Classifications (C-APCs) provide a single payment for a primary procedure (status indicator = J1) and all related or adjunctive hospital items and services given to a patient. <https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-hospital-outpatient-and-ambulatory-surgical-centers-policy-and-payment-changes-2015>

<sup>2</sup> AAPC. (2022). HCPCS Level II Expert 2023. [[VitalSource Bookshelf version]].

<sup>3</sup> Descriptions have been abbreviated. For full code descriptions, please consult the Procedural Payment Guide. <https://www.bostonscientific.com/en-US/reimbursement/interventional-cardiology.html>

<sup>4</sup> Source: CMS. CY 2024 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1786-FC, including related addenda. Effective through December 31, 2024. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc-regulations-and/cms-1786-fc>

<sup>5</sup> The '+' sign indicates Add-on Code (AOC), a service that is performed in conjunction with another primary service by the same practitioner. It is rarely eligible for payment if it is the only procedure reported by a practitioner. Add-on Code Edits | CMS. (n.d.). [www.cms.gov](https://www.cms.gov). Retrieved December 1, 2022, from <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Add-On-Code-Edits?msclkid=8a7b29c1d16111eca39b085d713db80c>