



2026 Coding & Payment Quick Reference

ROTAPRO™ Rotational Atherectomy System



Coding and Payment for Medicare Reimbursement: The following are the 2026 codes and Medicare national average payment rates for percutaneous coronary intervention procedures involving atherectomy performed in an inpatient or 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.

New in 2026: CMS finalized new DRG's for atherectomy procedures, effective October 1, 2025.

HOSPITAL INPATIENT		
MS-DRG ¹	Abbreviated Description ²	2026 National Average Payment ³
Admissions with Intraluminal Device		
359	Atherectomy with Intraluminal Device with MCC	\$25,022
360	Atherectomy with Intraluminal Device without MCC	\$17,586
Admissions without Intraluminal Device		
318	Atherectomy without Intraluminal Device	\$17,626

ICD-10-PCS Coding	
ICD-10 Code	Code Description
02C03Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Approach
02C03Z7	Extirpation of Matter from Coronary Artery, One Artery, Orbital Atherectomy Technique, Percutaneous Approach
02C03ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Approach
02C04Z6	Extirpation of Matter from Coronary Artery, One Artery, Bifurcation, Percutaneous Endoscopic Approach
02C04ZZ	Extirpation of Matter from Coronary Artery, One Artery, Percutaneous Endoscopic Approach
02C13Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Approach
02C13Z7	Extirpation of Matter from Coronary Artery, Two Arteries, Orbital Atherectomy Technique, Percutaneous Approach
02C13ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Approach
02C14Z6	Extirpation of Matter from Coronary Artery, Two Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C14ZZ	Extirpation of Matter from Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach
02C23Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Approach
02C23Z7	Extirpation of Matter from Coronary Artery, Three Arteries, Orbital Atherectomy Technique, Percutaneous Approach
02C23ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Approach
02C24Z6	Extirpation of Matter from Coronary Artery, Three Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C24ZZ	Extirpation of Matter from Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach

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



02C33Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Approach
02C33Z7	Extirpation of Matter from Coronary Artery, Four or More Arteries, Orbital Atherectomy Technique, Percutaneous Approach
02C33ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Approach
02C34Z6	Extirpation of Matter from Coronary Artery, Four or More Arteries, Bifurcation, Percutaneous Endoscopic Approach
02C34ZZ	Extirpation of Matter from Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach

HOSPITAL OUTPATIENT

HCPCS Code ¹ and CPT [®] Code	Abbreviated Description ²	Possible C-APC ³		APC Description	National Average Payment ⁴
92924	Atherectomy without Stent	5193		Level 3 Endovascular Procedures	\$11,794
Atherectomy Involving Bare Metal Stents					
92933	Atherectomy with BMS	5194		Level 4 Endovascular Procedures	\$18,729
92937	Atherectomy with BMS and Bypass Graft	5193		Level 3 Endovascular Procedures	\$11,794
92941	Atherectomy with BMS and Acute Myocardial Infarction (AMI)	<i>Hospital Inpatient Only</i>			
92943	Atherectomy with BMS and Chronic Total Occlusion (CTO)	5193		Level 3 Endovascular Procedures	\$11,794
HCPCS Code ¹ and CPT [®] Code	Abbreviated Description ²	Add-On Code for Additional Branch ⁵	Possible C-APC ³	APC Description	National Average Payment ⁴
Atherectomy Involving Drug Eluting Stents					
C9602	Atherectomy with DES	+C9603	5194	Level 4 Endovascular Procedures	\$18,729
C9604	Atherectomy with DES and Bypass Graft	+C9605	5193	Level 3 Endovascular Procedures	\$11,794
C9606	Atherectomy with DES and AMI	<i>Hospital Inpatient Only</i>			
C9607	Atherectomy with DES and CTO	+C9608	5194	Level 4 Endovascular Procedures	\$18,729

PHYSICIAN

CPT [®] Code	Abbreviated Description ²	Work RVU ⁶	Total RVU ⁶	National Average Payment ⁴
92924	Atherectomy without Stent	9.88	14.05	\$469
92933	Atherectomy with Stent	11.64	16.57	\$553
92937	Atherectomy with Stent and Bypass Graft	11.02	15.68	\$524
92941	Atherectomy with Stent and AMI	12.40	17.63	\$626
92943	Atherectomy with Stent and CTO	13.35	18.98	\$626

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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

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Information included herein is current as of January 2026 but is subject to change without notice. C-APC and physician rates for services are effective January 1, 2026, and set to expire on December 31, 2026. MS-DRG rates are effective October 1, 2025, and set to expire on September 30, 2026.

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



¹ MS-DRG assignment is based on a combination of diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

² Descriptions have been abbreviated. For full code descriptions, please consult the Procedural Payment Guide. <https://www.bostonscientific.com/en-US/reimbursement/interventional-cardiology.html>

³ Source: CMS. FY 2026 IPPS Final Rule: CMS-1833-F, including data files. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). Effective through September 30, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-pps-final-rule-home-page>

□ AAPC. (2022). HCPCS Level II Expert 2023. [[VitalSource Bookshelf version]].

□ 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>

□ Source: CMS. CY 2026 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1834-FC, including related addenda. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>

□ Work RVU (Relative Value Unit) is a measure of skill and intensity to perform a service.

□ Total RVU (Relative Value Unit) is the sum of work, practice expense and malpractice RVU.

□ Source: CMS CY 2026 Physician Fee Schedule (PFS) Final Rule: CMS 1832-F, including related PFS addenda. Conversion Factor used in calculations = \$33.4009. Effective through December 31, 2026. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>