



## 2026 Coding & Payment Quick Reference

### AVVIGO™ Guidance System



**Coding and Payment for Medicare Reimbursement:** The following are the 2026 codes and Medicare national average payment rates for coronary therapies and procedures involving intravascular ultrasound (IVUS) or fractional flow reserve (FFR) procedures. Actual rates will vary by hospital and locality.

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.

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.

PHYSICIAN				
CPT® Code <sup>1</sup>	Abbreviated Description <sup>2</sup>	Work RVU <sup>3</sup>	Total RVU <sup>4</sup>	National Average Payment <sup>5</sup>
<b>Intravascular Ultrasound (IVUS)</b>				
<b>+92978</b>	Intravascular ultrasound (IVUS) or optical coherence tomography (OCT)	1.76	2.78	\$93
<b>+92979</b>	IVUS or OCT add-on code for additional branch	1.40	2.21	\$73
<b>Fractional Flow Reserve (FFR)</b>				
<b>+93571</b>	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	1.76	2.78	\$93
<b>+93572</b>	FFR add-on code for additional branch	1.40	2.21	\$73

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### Hospital Outpatient Payment and ASC

In the hospital outpatient setting, IVUS and FFR are not separately billable. In some cases, CMS uses complexity adjustments to increase payment for comprehensive services. Qualifying code pairs (J1 + J1 or J1 + add-on) are promoted to the next higher paying C-APC, unless already assigned at the highest level of the clinical family. For the vascular family, APC 5194 (Level 4 Endovascular Procedures) is the highest level of payment. The following table includes procedure codes that are classified as J1 and the complexity adjusted payment when IVUS or FFR are billed. These code pairs are not permanent and are updated each year therefore it is important to review the current year's list of complexity-adjusted services.

HOSPITAL OUTPATIENT								
CPT Code	Abbreviated Description <sup>2</sup>	Possible C-APC <sup>6</sup>	National Average Payment <sup>7</sup>	Procedure CPT Code		IVUS/FFR CPT Code	Possible Adjusted C-APC <sup>6</sup>	Adjusted Payment <sup>7</sup>
<b>Intravascular Ultrasound (IVUS)</b>								
93454	Coronary angiography only	5191	\$3,312	93454	AND	92978	5192	\$5,815
93455	Coronary angiography w/o left or right heart cath, with angiography of bypass graft(s)	5191	\$3,312	93455	AND	92978	5192	\$5,815
93456	Coronary angiography w/ right heart cath	5191	\$3,312	93456	AND	92978	5192	\$5,815
93458	Coronary angiography w/ left heart cath, including left ventriculography	5191	\$3,312	93458	AND	92978	5192	\$5,815
93459	Coronary angiography w/ left heart cath w/ angiography of bypass graft(s), including left ventriculography	5191	\$3,312	93459	AND	92978	5192	\$5,815
93460	Coronary angiography w/ left & right heart cath, including left ventriculography	5191	\$3,312	93460	AND	92978	5192	\$5,815
92920	PTCA	5192	\$5,815	92920	AND	92978	5193	\$11,794
<b>Fractional Flow Reserve (FFR)</b>								
93454	Coronary angiography only	5191	\$3,312	93454	AND	93571	5192	\$5,815
93455	Coronary angiography w/o left or right heart cath, with angiography of bypass graft(s)	5191	\$3,312	93455	AND	93571	5192	\$5,815
93456	Coronary angiography w/ right heart cath	5191	\$3,312	93456	AND	93571	5192	\$5,815
93458	Coronary angiography w/ left heart cath, including left ventriculography	5191	\$3,312	93458	AND	93571	5192	\$5,815
93459	Coronary angiography w/ left heart cath w/ angiography of bypass graft(s), including left ventriculography	5191	\$3,312	93459	AND	93571	5192	\$5,815
93460	Coronary angiography w/ left & right heart cath, including left ventriculography	5191	\$3,312	93460	AND	93571	5192	\$5,815
93461	Coronary angiography w/ left & right heart cath, w/ angiography of bypass graft(s), including left ventriculopathy	5191	\$3,312	93461	AND	93571	5192	\$5,815

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### ASC

In ASCs, IVUS and FFR are not separately billable. Similar to in the hospital outpatient setting, certain combination procedures qualify for higher payment through complexity adjustment. These combined procedures are described by unique C-codes and must be used to receive the increased payment. The table below includes all C-codes where IVUS or FFR are performed together with another primary procedure and qualify for complexity adjustment in 2026.

ASC		
HCPCS Code <sup>8</sup>	Descriptor	National Average Payment <sup>7</sup>
<b>C7516</b>	Coronary angiography only AND Intravascular Ultrasound (IVUS) or optical coherence tomography (OCT)	\$ 2,727
<b>C7518</b>	Coronary angiography w/o left or right heart cath, with angiography of bypass graft(s) AND Intravascular Ultrasound (IVUS) or optical coherence tomography (OCT)	\$2,727
<b>C7519</b>	Coronary angiography w/o left or right heart cath, with angiography of bypass graft(s) AND Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	\$2,727
<b>C7521</b>	Coronary angiography w/ right heart cath AND Intravascular Ultrasound (IVUS) or optical coherence tomography (OCT)	\$2,727
<b>C7522</b>	Coronary angiography w/ right heart cath AND Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	\$2,727
<b>C7523</b>	Coronary angiography w/ left heart cath, including left ventriculography AND Intravascular Ultrasound (IVUS) or optical coherence tomography (OCT)	\$2,727
<b>C7524</b>	Coronary angiography w/ left heart cath, including left ventriculography AND Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	\$2,727
<b>C7525</b>	Coronary angiography w/ left heart cath w/ angiography of bypass graft(s), including left ventriculography AND Intravascular Ultrasound (IVUS) or optical coherence tomography (OCT)	\$2,727
<b>C7526</b>	Coronary angiography w/ left heart cath w/ angiography of bypass graft(s), including left ventriculography AND Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	\$2,727
<b>C7527</b>	Coronary angiography w/ left & right heart cath, including left ventriculography AND Intravascular Ultrasound (IVUS) or optical coherence tomography (OCT)	\$2,727
<b>C7528</b>	Coronary angiography w/ left & right heart cath, including left ventriculography AND Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	\$2,727
<b>C7529</b>	Coronary angiography w/ left & right heart cath, w/ angiography of bypass graft(s), including left ventriculopathy AND Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	\$2,727
<b>C7568</b>	Coronary angiography only AND Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	\$2,727
<b>C7569</b>	PTCA AND Intravascular Ultrasound (IVUS) or optical coherence tomography (OCT)	\$6,542

### Hospital Inpatient

In the inpatient setting, IVUS and FFR are included in the MS-DRG payment for the primary procedure.

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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)

### IMPORTANT INFORMATION

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Information included herein is current as of January 2026 but is subject to change without notice. Rates for services are effective January 1, 2026, and set to expire on December 31, 2026.

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

<sup>1</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 October 16, 2024, from <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-add-code-edits>

<sup>2</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>3</sup> Work RVU (Relative Value Unit) is a measure of skill and intensity to perform a service.

<sup>4</sup> Total RVU (Relative Value Unit) is the sum of work, practice expense and malpractice RVU.

<sup>5</sup> 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-notices/cms-1832-f>

<sup>6</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>7</sup> 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-notices/cms-1834-fc>

<sup>8</sup> AAPC. (2022). HCPCS Level II Expert 2023. [[VitalSource Bookshelf version]].

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