



## 2026 Outpatient Coding & Payment Quick Reference

### Interventional Cardiology – Coronary Therapies

**Coding and Payment for Medicare Reimbursement:** The following are the 2026 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>
<b>5192</b> Level 2 Endovascular Procedures	92920	Angioplasty	\$5,815
	0913T	Coronary DCB	
<b>5193</b> Level 3 Endovascular Procedures	92924	Atherectomy without Stent	\$11,794
	92928	Stent with PTCA	
	92943	Stent with CTO	
	92945	Stent with CTO – Combined Antegrade/Retrograde	
	92947	Stent with Bypass Graft	
	C9600	Drug Eluting Stent - PTCA	
	C9604	Drug Eluting Stent – Bypass Graft	
<b>5194</b> Level 4 Endovascular Procedures	92930	Complex Stent with PTCA	\$18,729
	92933	Atherectomy with Stent	
	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

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)

## 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.

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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 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>

<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/Medicare/Coding/NationalCorrectCodInitEd/Add-On-Code-Edits?msclkid=8a7b29c1d16111eca39b085d713db80c). Retrieved December 1, 2022, from <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Add-On-Code-Edits?msclkid=8a7b29c1d16111eca39b085d713db80c>