Interventional Cardiology

Summary of CY2026 Medicare Policy and Payment Changes Hospital Outpatient Prospective Payment System (OPPS) Ambulatory Surgical Center (ASC) Payment System and Physician Fee Schedule (PFS)

The Centers for Medicare & Medicaid (CMS) released the final rules for the Hospital Outpatient Prospective Payment System (OPPS), Ambulatory Surgery Center (ASC) and Physician Fee Schedule (PFS). Changes and payment rates will take effect on January 1, 2026.

Highlights from the final rule and the impact on Interventional Cardiology (IC) providers are summarized below and the tables at the end of this document. The tables provide details regarding payment rates for IC procedures of interest performed by physicians as well as details regarding payment rates for those same services.

New/Revised CPT® Codes:

AMA created two new CPT codes for complex stenting and antegrade/retrograde CTO, these codes are applicable for physicians, hospital outpatient and ASC sites of service. The codes for fractional flow reserve (FFR) have been revised, so that pharmacologically induced stress no longer is required.

- **92930** Percutaneous transcatheter placement of intracoronary stent(s) with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch
- **92945** Percutaneous transluminal revascularization of chronic total occlusion (CTO) single coronary artery, coronary artery branch, or coronary artery bypass graft (CABG) and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, combined antegrade and retrograde approaches
- **+93571** Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, *when performed*; initial vessel (List separately in addition to code for primary procedure)
- **+93572** Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, *when performed*; each additional vessel (List separately in addition to code for primary procedure)

Hospital Outpatient Reimbursement Changes:

Drug-Coated Balloon (DCB):

- CMS finalized the APC reassignment for DCB procedures from Level 2 (5192) to Level 3 (5193) with an **increase of 103%**
- AGENT DCB continues to be eligible for Transitional Pass-through Payment (TPT) using **C-Code C9610** through December 2027

Drug-Eluting Stent (DES):

- DES remains at Level 3 APC 5193 with an **increase of 4%**

- Complex stenting for bifurcated lesions has a new CPT code and is assigned to Level 4 APC 5194
- Antegrade/Retrograde CTO has a new CPT code and is assigned to Level 3 APC 5193

Atherectomy:

- Multivessel lesion treatment (atherectomy and DES performed in separate vessels) will be reimbursed at Level 4 APC 5194 which is an **increase of 65%**
- Atherectomy alone (single major artery or branch) continues to be reimbursed at Level 3 APC with an **increase of 4%**

Coronary Imaging – IVUS/FFR:

- IVUS+POBA is reassigned from Level 2 APC 5192 to Level 3 APC 5193 with an **increase of 103%**
- Diagnostic cardiac catheterization with IVUS or FFR procedures are reassigned from Level 1 APC 5191 to Level 2 APC 5192 with an **increase of 83%**.

Hospital Outpatient Payment Changes CY2025 to CY2026:

C-APC	Description	2025 National Average Payment	2026 National Average Payment	% Change
5191	**Level 1 Endovascular Procedures** Diagnostic Cardiac Catheterization	$3,216	$3,312	+3%
5192	**Level 2 Endovascular Procedures** Angioplasty (92920)	$5,702	$5,815	+2%
5193	**Level 3 Endovascular Procedures** Atherectomy w/ Angioplasty (92924), BMS (92928), BMS Bypass Graft (92937), BMS CTO (92943), Antegrade/Retrograde CTO (92945), DES (C9600), DES Bypass Graft (C9604), DCB (0913T)	$11,341	$11,794	+4%
5194	**Level 4 Endovascular Procedures** Atherectomy w/ BMS (92933), DES w/ Atherectomy (C9602), DES CTO (C9607), Complex Stent (92930)	$17,957	$18,729	+4%

Angioplasty, imaging, cutting balloon and IVL are bundled

ASC Changes:

CMS finalized the ASC procedure expansion, adding all PCI procedures to the ASC Covered Procedures List (CPL) including the following:

- Atherectomy (92924), BMS w/ Atherectomy (92933), DES w/ Atherectomy (C9602),
- Complex Stent (92930)
- BMS Bypass Graft (92937), DES Bypass Graft (C9604)
- BMS CTO (92943), Antegrade/Retrograde CTO (92945), DES CTO (C9607)

Drug-Coated Balloon (DCB):

- **Increase of 123%** (due to APC reassignment)
- AGENT DCB continues to be eligible for Transitional Pass-through Payment (TPT) using **C-Code C9610** through December 2027

Drug Eluting Stent (DES):

- **Increase of 6%**

Angioplasty:

- **Increase of 6%**

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Diagnostic Catheterization:

- **Increase of 3-4%**

Coronary Imaging – IVUS/FFR:

- IVUS + POBA qualified for complexity adjustment for the first time, resulting in **an increase of 80%**
- Diagnostic catheterization + IVUS or FFR procedures continue to qualify for complexity adjustment, with **an increase of 5%**

ASC Payment Changes CY2025 to CY2026:

Procedure	Code(s)		2025 National Average Payment*	2026 National Average Payment	% Change
Single Procedural Codes	Percutaneous Coronary Interventions	Angioplasty (92920)	$3,628	$3,849	+6%
		BMS (92928)	$6,994	$7,309	+4%
		DCB (0913T)	$3,333	$7,438	+123%
		DES (C9600)	$7,062	$7,500	+6%
		Atherectomy (92924)	NA	$8,448	NA
		Complex Stent (92930)	NA	$12,842	NA
		Atherectomy w/ BMS (92933)	NA	$12,965	NA
		BMS Bypass Graft (92937)	NA	$7,423	NA
		BMS CTO (92943)	NA	$7,883	NA
		Antegrade/Retrograde CTO (92945)	NA	$7,438	NA
		Atherectomy w/ DES (C9602)	NA	$13,206	NA
		DES Bypass Graft (C9604)	NA	$7,354	NA
		DES CTO (C9607)	NA	$12,790	NA
	Diagnostic Heart Catheterization	93451-93461	$1,656	$1,708	+3%
Combo Procedural Codes	PTCA Based	w/ IVL (C7571)	NA	$6,542	NA
		w/ IVUS/OCT (C7569)	NA	$6,542	NA
	IVUS/OCT Based	w/diagnostic cath: C7516, C7518, C7521, C7523, C7525, C7527	$2,630	$2,727	+4%
	FFR Based	w/ diagnostic cath (C7568)	NA $2,727	NA	
		w/ diagnostic cath: C7519, C7522, C7524, C7526, C7528, C7521	$2,630	$2,727	+4%

NA indicates no ASC payment rates in 2025 because procedure was not on the CPL in 2025

Single procedural codes that are add-on in nature (e.g. IVL (+92972), DCB (+0914T)) are also added to the ASC-CPL for 2026 but not reflected above because the payments are bundled in with the primary procedural codes when performed.

Physician Changes:

Practice Expense Adjustment: CMS finalized a policy to recognize greater indirect costs for practitioners in office-based settings compared to facility settings, under which it will reduce the portion of the facility practice expense (PE) RVUs to half the amount allocated to non-facility PE RVUs. CMS estimates that facility-based physician payments will decrease by 7% and non-facility based (office and outpatient-based lab (OBL) physician payments will increase 4% because of this policy. This new policy could be refined or adjusted in future rule-making cycles.

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Diagnostic Catheterization:

- Office site of service **3% - 8% increase**
- Facility site of service **9% - 10% decrease**

Drug-Coated Balloon (DCB):

- 0913T and +0914T are local carrier priced. Rate-setting will vary by Medicare Administrative Contractor (MAC).

Drug-Eluting Stent (DES):

- Office site of service N/A
- Facility site of service **6-11% decrease**

Atherectomy:

- Office Site of Service – N/A
- Facility Site of Service – **17% - 23% decrease**

Coronary Imaging – IVUS/FFR:

- IVUS Office Site of Service – **3% - 4% increase**
- IVUS Facility Site of Service – **3% - 4% increase**
- FFR Office Site of Service – **36%- 48% increase**
- FFR Facility Site of Service – **36% - 48% increase**

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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 December 2025 but is subject to change without notice. Payment rates are set to expire on December 31, 2026.

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

Read the full CY2026 Final Rules:

Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System Final Rule; CMS-1834-FC; https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc

Medicare Physician Fee Schedule (PFS) Final Rule; CMS-1832-F; https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1832-f

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