2025 Coding & Payment Quick Reference

AVVIGO™ Guidance System II

Coding and Payment for Medicare Reimbursement: The following are the 2025 codes and Medicare national average payment rates for coronary therapies procedures involving intravascular ultrasound (IVUS) or fractional flow reserve (FFR) procedures. 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.

PHYSICIAN		PHYSICIAN		
CPT® Code[1]	Abbreviated Description[2]	Work RVU[3]	Total RVU[4]	National Average Payment[5]
Intravascular Ultrasound (IVUS)				
+92978	Intravascular ultrasound (IVUS) or optical coherence tomography (OCT)	1.80	2.77	$90
+92979	IVUS or OCT add-on code for additional branch	1.44	2.21	$71
Fractional Flow Reserve (FFR)				
+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (FFR)	1.38	2.11	$68
+93572	FFR add-on code for additional branch	1.00	1.53	$49

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

IMPORTANT INFORMATION

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. **It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered.** It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. 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. 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.

Information included herein is current as of January 2025 but is subject to change without notice. Rates for services are effective January 1, 2025, and set to expire on December 31, 2025.

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

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

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

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

[5] Source: CMS CY 2025 Physician Fee Schedule (PFS) Final Rule: CMS 1807-F, including related PFS addenda. Conversion Factor used in calculations = $32.3465. Effective through December 31, 2025. https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f

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