



2025 Inpatient Coding & Payment Quick Reference

Interventional Cardiology – Coronary Therapies

Coding and Payment for Medicare Reimbursement: The following are the 2025 codes and Medicare national average payment rates for coronary therapies procedures performed in an inpatient 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.

Admissions with Intraluminal Device		
MS-DRG ¹	Abbreviated Description ²	National Average Payment ³
321	PCI with Intraluminal Device with MCC	\$20,316
322	PCI with Intraluminal Device without MCC	\$12,911
323	IVL with Intraluminal Device with MCC	\$30,397
324	IVL with Intraluminal Device without MCC	\$22,802
Admissions without Intraluminal Device		
MS-DRG ¹	Abbreviated Description ²	National Average Payment ³
250	PCI without Intraluminal Device with MCC	\$16,504
251	PCI without Intraluminal Device without MCC	\$11,152
325	IVL without Intraluminal Device	\$20,425

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.



The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) is the system of codes used by facilities to report procedures and services provided in the inpatient setting. ICD-10-PCS alphanumeric codes are composed of seven characters that identify the general procedure type, body system, procedure objective, specific body part, procedure approach and device use.

Claims must contain the appropriate CPT®/HCPCS/ICD-10-PCS code(s) for the specific site of service to indicate the items and services that are furnished. The tables below contain a list of possible CPT/HCPCS/ICD-10-PCS codes that may be used. Providers should select the most appropriate code(s) and modifier(s) with the highest level of detail to describe the service(s) rendered.

Note: Effective October 1, 2016, coronary arteries are specified by the number of arteries (formerly sites) treated. (AHA Coding Clinic 4th Qtr. 2016)

ICD-10-PCS Coding					
Section: 0 - Medical and Surgical					
Body System: 2 - Heart and Great Vessel					
Abbreviated Description ²	Root Operation	Body Part	Approach	Device	Qualifier
PTCA	7 - Dilation	0 – Coronary Artery, One Artery	3 – Percutaneous	Z – No Device	6 – Bifurcation
Bare Metal Stent + PTCA		1 – Coronary Artery, Two Arteries		D – Intraluminal Device	Z – No qualifier
		2 – Coronary Artery, Three Arteries		E – Intraluminal Device, Two	
		3 – Coronary Artery, Four or more arteries		F – Intraluminal Device, Three	
				G – Intraluminal Device, Four or More	
Drug Eluting Stent + PTCA				4 – Intraluminal Device, Drug-eluting	
				5 – Intraluminal Device, Drug-eluting, Two	
				6 – Intraluminal Device, Drug-eluting, Three	
				7 – Intraluminal Device, Drug-eluting, Four or more	
Brachytherapy + PTCA				T – Intraluminal Device, Radioactive	
Atherectomy	C - Extirpation			Z – No Device	
Intravascular Lithotripsy (IVL)	F - Fragmentation				

See important notes on the uses and limitations of this information on page 3.

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ICD-10-PCS Coding – Coronary DCB

Section: X – New Technology

Body System: W – Anatomical Regions

Root Operation	Body Part	Approach	Device	Qualifier
0 - Introduction	J – Coronary Artery, One Artery	3 – Percutaneous	H – Paclitaxel-Coated Balloon Technology, One Balloon	A – New Technology Group
	K – Coronary Artery, Two Arteries		J – Paclitaxel-Coated Balloon Technology, Two Balloons	
	L – Coronary Artery, Three Arteries		K – Paclitaxel-Coated Balloon Technology, Three Balloons	
	M – Coronary Artery, Four or more arteries		L – Paclitaxel-Coated Balloon Technology, Four Balloons	

****Coronary must be conjunction PCI PCS**

DCB code billed in with primary codes

Resources for Interventional Cardiology: <https://www.bostonscientific.com/en-US/reimbursement/interventional-cardiology.html>

Reimbursement Help Desk: IC.Reimbursement@bsci.com

IMPORTANT INFORMATION

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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.

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Information included herein is current as of January 2025 but is subject to change without notice. MS-DRG rates are set to expire on September 30, 2025.

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 2025 IPPS Final Rule: CMS-1808-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, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipp-pps-final-rule-home-page>



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