2025 Outpatient 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 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[1]	CPT® Code/HCPCS[2]	Abbreviated Description[3]	National Average Payment[4]
5192 Level 2 Endovascular Procedures	92920	Angioplasty	$5,702
	0913T	Coronary DCB	
5193 Level 3 Endovascular Procedures	92924	Atherectomy without Stent	$11,341
	92928	Stent with PTCA	
	92943	Stent with CTO	
	92947	Stent with Bypass Graft	
	C9600	Drug Eluting Stent - PTCA	
	C9604	Drug Eluting Stent – Bypass Graft	
5194 Level 4 Endovascular Procedures	92933	Atherectomy with Stent	$17,957
	C9602	Drug Eluting Stent – Atherectomy	
	C9607	Drug Eluting Stent – CTO	
Bundled with Primary Procedure[5]	+92972	Coronary Lithotripsy (IVL)	N/A
Bundled with Primary Procedure[5]	+92978	Intravascular ultrasound (IVUS) or optical coherence tomography (OCT)	N/A

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.

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] 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

[2] AAPC. (2022). HCPCS Level II Expert 2023. [[VitalSource Bookshelf version]].

[3] Descriptions have been abbreviated. For full code descriptions, please consult the Procedural Payment Guide. https://www.bostonscientific.com/en-US/reimbursement/interventional-cardiology.html

[4] Source: CMS. CY 2025 Hospital Outpatient Prospective Payment (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems Final Rule: CMS-1809-FC, including related addenda. Effective through December 31, 2025. https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1809-fc

[5] 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