

2024 Coronary Diagnostic and Intervention Coding Sheet

Medtronic

**Reimbursement
Information Line**
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Patient:	Date of Birth:	Date of Procedure:
Referring MD:	DX:	

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DIAGNOSTIC (NON-CONGENITAL)	
Right heart catheterization	93451
Left heart catheterization, inc. left ventriculography	93452
Combined left and right heart catheterization, inc. left ventriculography	93453
Coronary angiography	93454
Coronary angiography w/o left or right heart cath, with angiography of bypass graft(s)	93455
Coronary angiography w/ right heart cath	93456
Coronary angiography w/ angiography of bypass graft(s) & right heart cath	93457
Coronary angiography w/ left heart cath, including left ventriculography	93458
Coronary angiography w/ left heart cath w/ angiography of bypass graft(s) inc. left ventriculography	93459
Coronary angiography w/ left & right heart cath, inc. left ventriculography	93460
Coronary angiography w/ left & right heart cath, w/ angiography of bypass graft(s) inc. left ventriculography	93461
DIAGNOSTIC (CONGENITAL)	
Right heart catheterization for congenital heart defect(s) inc. imaging guidance; normal native connections	93593
Right heart catheterization for congenital heart defect(s) inc. imaging guidance; abnormal native connections	93594
Left heart catheterization for congenital heart defect(s) inc. imaging guidance, normal or abnormal native connections	93595
Right and left heart catheterization for congenital heart defect(s) inc. imaging; normal native connections	93596
Right and left heart catheterization for congenital heart defect(s) inc. imaging; abnormal native connections	93597
Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects	+93598
Injection procedure, including S&I, for selective coronary angiography during congenital heart cath	+93563
Injection procedure, including S&I, for selective angiography of venous or arterial bypass graft(s) during congenital cath	+93564
Injection procedure, including S&I, for selective left ventricular or left atrial angiography during congenital heart cath	+93565
ADDITIONAL INJECTIONS	
Injection procedure for selective right ventricular or right atrial angiography	+93566
Injection procedure for supraaortic aortography	+93567
Injection procedure for pulmonary angiography	+93568

MODERATE SEDATION	
Moderate sedation codes are based on the documented physician face-to-face time beginning when the patient is administered sedation and ends when the patient no longer requires physician monitoring, or when the physician leaves the room.	
MD performing svc initial 15 min. intra-svc time; < 5 years old	99151
MD performing svc initial 15 min. intra- svc time; >5 years old	99152
+ each additional 15min. intra-service time	+99153
MD not performing service initial 15 minutes intra-service time;< 5 years old	99155
MD not performing service initial 15 minutes intra-service time;> 5 years old	99156
+ each additional 15min. intra-service time	+99157
ADDITIONAL PROCEDURES & SELECTED INTERVENTIONS	
Intravascular ultrasound or OCT (coronary vessel or graft), initial vessel	+92978
Intravascular ultrasound or OCT(coronary vessel or graft), each additional vessel	+92979
Left heart catheterization by trans septal puncture	+93462
Percutaneous transluminal coronary lithotripsy	+92972
Pharmacologic agent administration including hemodynamic measurements*	+93463
Physiologic exercise study including hemodynamic measurements	+93464
Insertion and placement of flow-directed catheter for monitoring purposes (Swan-Ganz)	93503
Endomyocardial biopsy	93505
Intravascular Doppler velocity and/or pressure-derived coronary flow reserve measurement (FFR), during coronary angiography, initial vessel	+93571
Intravascular Doppler velocity and/or pressure-derived coronary flow reserve measurement (FFR), during coronary angiography, each additional vessel	+93572
Intraprocedural coronary fractional flow reserve with 3D functional mapping of color-coded FFR values coronary tree, derived from coronary angiogram data	0523T
Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to cath insertion during cardiac cath or coronary angiography	G0278
Closure device into venous or arterial access site	G0269
Percutaneous transluminal coronary thrombectomy, mechanical*	+92973
Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy	+92974
Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	92975
Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	92997
Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel	+92998

MAJOR CORONARY ARTERIES & BRANCHES				BASIC CODING RULES
<ul style="list-style-type: none"> The PCI codes are set up as base codes and add-on codes. Base codes are assigned for the five major coronary arteries. Add-on codes are assigned for branches of the major coronary arteries. Only two branches of each major coronary artery can be coded. 	Major Coronary Artery	Modifier	Branches	All PCI codes are bundled and include vascular access, selective catheterization, traversing the lesion, radiological S&I, completion imaging and closure. <ul style="list-style-type: none"> PCI within a single major artery is reported with one code, regardless of whether several discrete lesions were treated. For PCI on a major artery and one of its branches, a base code and an add-on code are assigned. For PCI on two different major arteries, two base codes are assigned. Use modifiers to differentiate the major arteries. For PCI on a major artery and the branch of another, two base codes are assigned. When a single lesion bridges two vessels but is treated with a single intervention, only one code is reported. When bifurcation lesions are treated, intervention codes are reported for both vessels. Cardiac catheterization and coronary angiography may be coded separately only when specifically diagnostic.
	Left main coronary artery	LM	None	
	Left anterior descending coronary artery	LD	Diagonal 1	
			Diagonal 2	
	Left circumflex coronary artery	LC	Obtuse marginal 1	
			Obtuse marginal 2	
	Right coronary artery	RC	Right posterior Descending	
			Right posterolateral	
	Ramus intermedius coronary artery	RI	None	

		2024 FACILITY RVUs				HOSPITAL CODING
CPT®	Description	Work	PE	MP	TOTAL	HCPCS II
92920	Coronary Angioplasty w/o stent	9.85	3.37	2.23	15.45	Note: Hospitals use the regular CPT® stent codes to report placement of non-drug-eluting stents only. They use the HCPCS "C-codes" below to report placement of drug-eluting stents. Physicians do not use C-codes and report the regular CPT® codes for placement of all stents.
+92921	+ each additional artery	bundled for physicians				
92924	Coronary Atherectomy w/o stent	11.74	4.02	2.67	18.43	
+92925	+ each additional artery	bundled for physicians				
92928	Coronary BMS or DES	10.96	3.75	2.48	17.19	C9600 - Coronary DES
+92929	+ each additional artery	bundled for physicians				+C9601 - each additional artery
92933	Coronary BMS or DES w/ Atherectomy	12.29	4.20	2.79	19.28	C9602 - Coronary DES w/ Atherectomy
+92934	+ each additional artery	bundled for physicians				+C9603 - each additional artery
92937	Coronary BMS or DES Bypass Graft Revascularization, single vessel	10.95	3.75	2.49	17.19	C9604 - Coronary DES Bypass Graft Revascularization, single vessel
+92938	+ each additional artery	bundled for physicians				+C9605 - each additional artery
92941	Coronary AMI any PCI, single vessel	12.31	4.21	2.78	19.30	C9606 - Coronary DES Coronary w/ AMI
92943	Coronary BMS or DES w/ CTO	12.31	4.20	2.79	19.30	C9607 - Coronary DES w/ CTO
+92944	+ each additional artery	bundled for physicians				C9608 - each additional artery

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CY2024 PFS Final Rule CMS-1784-F Addenda updated 11/24/2023: <https://www.cms.gov/files/zip/cy-2024-pfs-final-rule-addenda-updated-11/24/2023.zip>

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