



CORONARY INTERVENTIONS

National Medicare Reimbursement Guide

Effective January 1, 2025

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CODING AND REIMBURSEMENT GUIDE FOR CORONARY PROCEDURES, CORONARY PHYSIOLOGY ASSESSMENTS AND OPTICAL COHERENCE TOMOGRAPHY (OCT)

Introduction

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at:

www.cardiovascular.abbott/us/en/hcp/reimbursement.html

Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430 or hce@abbott.com. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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CORONARY

CPT [®] CODE	DESCRIPTION	WORK RVU	MEDICARE RATE	
			NATIONAL FACILITY	NATIONAL NON-FACILITY
PCI				
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	9.85	\$501	NA
+ 92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0.00	\$0	\$0
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.74	\$597	NA
+ 92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0.00	\$0	\$0
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	10.96	\$557	NA
+ 92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0.00	\$0	\$0
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	12.29	\$625	NA

Rates effective Jan 1, 2025 - Dec 31, 2025

• (+) Denotes add-on code. List in addition to the primary procedure.

CORONARY

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE RATE	
			NATIONAL FACILITY	NATIONAL NON-FACILITY
PCI				
+ 92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	0.00	\$0	\$0
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	10.95	\$556	NA
+ 92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	0.00	\$0	\$0
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	12.31	\$626	NA

Rates effective Jan 1, 2025 - Dec 31, 2025

• (+) Denotes add-on code. List in addition to the primary procedure.

CORONARY

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE RATE	
			NATIONAL FACILITY	NATIONAL NON-FACILITY
PCI				
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	12.31	\$626	NA
+ 92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	0.00	\$0	\$0
93454-26	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	4.54	\$225	\$225
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	NA	See 92928 for payment	NA
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	NA	NA	NA

Rates effective Jan 1, 2025 - Dec 31, 2025

- (+) Denotes add-on code. List in addition to the primary procedure.
- Modifier 26 signifies the professional component of hospital-based services.

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CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE RATE	
			NATIONAL FACILITY	NATIONAL NON-FACILITY
PCI				
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	NA	See 92933 for payment	NA
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	NA	NA	NA
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	NA	See 92937 for payment	NA
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	NA	NA	NA
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	NA	See 92943 for payment	NA

Rates effective Jan 1, 2025 - Dec 31, 2025

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CPT [®] CODE	DESCRIPTION	WORK RVU	MEDICARE RATE	
			NATIONAL FACILITY	NATIONAL NON-FACILITY
	PCI			
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	NA	NA	NA

Rates effective Jan 1, 2025 - Dec 31, 2025

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CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE RATE	
			NATIONAL FACILITY	NATIONAL NON-FACILITY
FFR				
+ 93571-26	Intravascular Doppler velocity and/or pressure derived coronary flow reserve management (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; initial vessel (List separately in addition to primary procedure)	1.38	\$68	\$68
+ 93572-26	Intravascular Doppler velocity and/or pressure derived coronary flow reserve management (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; each additional vessel (List separately in addition to primary procedure)	1	\$49	\$49
RFR				
+ 93571-52	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	*	*	*
+ 93572-52	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to primary procedure)	*	*	*

Rates effective Jan 1, 2025 - Dec 31, 2025

- Modifier 26 signifies the professional component of hospital-based services.
- (*) Modifier 52 signifies that the service is reduced. Specific values determined by the local Medicare contractor.
- (+) Denotes an add-on code. List separately in addition to primary procedure.

CORONARY

CPT‡ CODE	DESCRIPTION	WORK RVU	MEDICARE RATE	
			NATIONAL FACILITY	NATIONAL NON-FACILITY
IVUS/OCT				
+ 92978-26	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	1.80	\$90	\$90
+ 92979-26	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to primary procedure)	1.44	\$71	\$71
Coronary Artery Chronic Total Occlusion (CTO)				
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	12.31	\$626	NA
+ 92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to primary procedure)	NA	NA	NA

Rates effective Jan 1, 2025 - Dec 31, 2025

- Modifier 26 signifies the professional component of hospital-based services.
- (+) Denotes an add-on code. List separately in addition to primary procedure.

CORONARY

CPT [®] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PCI				
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	J1	5192	\$5,702
+ 92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	NA	Packaged
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	J1	5193	\$11,341
+ 92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure).	N	NA	Packaged
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	5193	\$11,341
+ 92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	NA	Packaged
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	5194	\$17,957

Rates effective Jan 1, 2025 - Dec 31, 2025

- J1 = Hospital Part B services paid through a comprehensive APC.
- N = Items and services packaged into APC rates (no separate APC payment).
- (+) Denotes add-on code. List in addition to the primary procedure.

CORONARY

CPT [®] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PCI				
+ 92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure).	N	NA	Packaged
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	J1	5193	\$11,341
+ 92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure).	N	NA	Packaged
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	C	NA	NA
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	J1	5193	\$11,341

Rates effective Jan 1, 2025 - Dec 31, 2025

- C = Inpatient procedure. Not paid under OPPI.
- J1 = Hospital Part B services paid through a comprehensive APC.
- N = Items and services packaged into APC rates (no separate APC payment).
- (+) Denotes add-on code. List in addition to the primary procedure.

CORONARY

CPT [®] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PCI				
+ 92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure).	N	NA	Packaged
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	5193	\$11,341
+ C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	N	NA	Packaged
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	5194	\$17,957
+ C9603	Description: Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	NA	Packaged
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	J1	5193	\$11,341

Rates effective Jan 1, 2025 - Dec 31, 2025

- J1 = Hospital Part B services paid through a comprehensive APC.
- N = Items and services packaged into APC rates (no separate APC payment).
- (+) Denotes add-on code. List in addition to the primary procedure.

CORONARY

CPT [®] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
PCI				
+ C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	N	NA	Packaged
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	C	NA	NA
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	J1	5194	\$17,957
+ C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	N	NA	Packaged

Rates effective Jan 1, 2025 - Dec 31, 2025

- C = Inpatient procedure. Not paid under OPPS.
- J1 = Hospital Part B services paid through a comprehensive APC.
- N = Items and services packaged into APC rates (no separate APC payment).
- (+) Denotes add-on code. List in addition to the primary procedure.

CORONARY

CPT [®] CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
FFR/CFR				
+ 93571	Intravascular doppler velocity and/or pressure derived coronary flow reserve management (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	N	NA	Packaged
+ 93572	Intravascular doppler velocity and/or pressure derived coronary flow reserve management (coronary vessel or graft) during coronary angiography, including pharmacologically induced stress; each additional vessel (List separately in addition to primary procedure)	N	NA	Packaged
OCT				
+ 92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	N	NA	Packaged
+ 92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to primary procedure)	N	NA	Packaged

Rates effective Jan 1, 2025 - Dec 31, 2025

- N = Items and services packaged into APC rates (no separate APC payment).
- (+) Denotes an add-on code. List separately in addition to primary procedure.
- The applicable APC will be determined by the underlying primary procedure. FFR and/or OCT alone will not result in a hospital payment.

CORONARY

CPT [®] CODE	DESCRIPTION	STATUS INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
PCI				
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch.	J8	Y	\$3,628
+ 92921	Percutaneous transluminal coronary angioplasty , each additional branch of a major coronary artery (List separately in addition to code for primary procedure).	N1	N	Packaged
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch.	J8	Y	\$6,994
+ 92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure).	N1	N	Packaged
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch.	J8	Y	\$7,062
+ C9601	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch; each additional branch (list separately in addition to code for primary procedure).	N1	N	Packaged
Anigiography				
93458	Coronary artery angio S&I	G2	Y	\$1,656

Rates effective Jan 1, 2025 - Dec 31, 2025

- G2 = Non office-based surgical procedure added in CY2008 or later; payment base on OPPS relative payment rate.
- J8 = Device-intensive procedure; paid at adjusted rate.
- N1 = Package service/item; no separate payment made.
- (+) Denotes an add-on code. List separately in addition to primary procedure.

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CPT [®] CODE	DESCRIPTION	STATUS INDICATOR	MULTI-PROCEDURE DISCOUNT	NATIONAL MEDICARE RATE
Aniography				
C7516	Coronary angiography with IVUS or OCT	G2	N	\$2,630
C7521	Right heart angiography with IVUS or OCT	G2	N	
C7522	Right heart angiography with “flow reserve”	G2	N	
C7523	Left heart angiography with IVUS or OCT	G2	N	
C7524	Left heart angiography with “flow reserve”	G2	N	
C7525	Coronary angiography in graft with left heart angiography with IVUS or OCT	G2	N	
C7526	Coronary angiography in graft with left heart angiography with “flow reserve”	G2	N	
C7527	Coronary angiography with right and left heart angiography with IVUS or OCT	G2	N	
C7528	Coronary angiography with right and left heart angiography with “flow reserve”	G2	N	
C7529	Coronary angiography in graft with right and left heart angiography with “flow reserve”	G2	N	

Rates effective Jan 1, 2025 - Dec 31, 2025

• G2 = Non office-based surgical procedure added in CY2008 or later; payment base on OPPI relative payment rate.

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TYPICAL MS-DRG ASSIGNMENT	DESCRIPTION	NATIONAL MEDICARE RATE
250	Percutaneous cardiovascular procedure without coronary artery stent or acute myocardial infarction (AMI) with major complication or comorbidity	\$16,504
251	Percutaneous cardiovascular procedure without coronary artery stent or acute myocardial infarction (AMI) without major complication or comorbidity	\$11,152
321	Percutaneous cardiovascular procedures with intraluminal device with mcc or 4+ arteries/intraluminal devices	\$20,316
322	Percutaneous cardiovascular procedures with intraluminal device without mcc	\$12,911

Rates effective Oct 1, 2024 - Sept 30, 2025

In the FY 2024 IPPS Final Rule, CMS discontinued DRGs 246, 247, 248, and 249, effective October 1, 2023.

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ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
FFR and RFR			
4A033BC	Measurement of arterial pressure, coronary, percutaneous approach	231 with MCC	\$60,474
		232 w/o MCC	\$43,595
		250 with MCC	\$16,504
		251 w/o MCC	\$11,152
		286 with MCC	\$15,795
		287 w/o MCC	\$7,777
		321 with MCC	\$20,316
		322 w/o MCC	\$12,911

Rates effective Oct 1, 2024 - Sept 30, 2025

The applicable MS-DRG will be determined by the underlying PCI or diagnostic procedure. FFR and/or OCT alone will not result in a hospital payment.

In the FY 2024 IPPS Final Rule, CMS discontinued DRGs 246, 247, 248, and 249, effective October 1, 2023.

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ICD-10 PCS CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
OCT			
B221Z2Z	Computerized tomography of multiple coronary arteries using intravascular optical coherence	231 with MCC	\$60,474
		232 w/o MCC	\$43,595
		250 with MCC	\$16,504
		251 w/o MCC	\$11,152
		286 with MCC	\$15,795
		287 w/o MCC	\$7,777
		321 with MCC	\$20,316
		322 w/o MCC	\$12,911

Rates effective Oct 1, 2024 - Sept 30, 2025

The applicable MS-DRG will be determined by the underlying PCI or diagnostic procedure. FFR and/or OCT alone will not result in a hospital payment.

In the FY 2024 IPPS Final Rule, CMS discontinued DRGs 246, 247, 248, and 249, effective October 1, 2023.

ADDITIONAL CODING AND REIMBURSEMENT

HCPCS Device Category C-Codes

C-CODE	DESCRIPTION
C1769	Guide wire
C1760	Closure device, vascular (implantable/insertable) - if used
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1874	Stent, coated/covered, with delivery system
C1876	Stent, noncoated/noncovered, with delivery system

ICD-10-CM Diagnosis Codes

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Fractional Flow Reserve (FFR) and Optical Coherence Tomography (OCT) patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The possible scenarios and combinations are too numerous to capture in this document. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

1. FY2025 IPPS Interim Final Comment Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2024].
<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-ipp-final-rule-home-page>
2. CY2025 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2024].
<https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1807-f>
3. CY2025 OPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2024].
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1809-fc>
4. CY2025 ASC Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2024].
<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1809-fc>
5. CMS, 2020 Alpha-Numeric Index HCPCS code set [cited: August 2023].
<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File?DLPage=1&DLEntry%20s=10&DLSort=0&DLSortDir=descending>
6. CMS_2025 ICD-10-CM [cited: November 2024].
<https://www.cms.gov/medicare/coding-billing/icd-10-codes>
7. CMS_2025 ICD-10-PCS [cited: November 2024].
<https://www.cms.gov/medicare/coding-billing/icd-10-codes>

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