ABBOTT CODING GUIDE

CORONARY INTERVENTIONS CODING GUIDE

Effective January 1, 2019

Coding and reimbursement information applies to U.S. only

CODING AND REIMBURSEMENT FOR GUIDE FOR CORONARY PROCEDURES, FRACTIONAL FLOW RESERVE (FFR) AND OPTICAL COHERENCE TOMOGRAPHY (OCT)

Effective January 1, 2019

Introduction

The Coronary procedures, Fractional Flow Reserve (FFR) and Optical Coherence Tomography (OCT) Coding Guide is intended to provide coding and reimbursement information, reference material related to general information related to the reimbursement of the Coronary procedures, Fractional Flow Reserve (FFR) and Optical Coherence Tomography (OCT) procedures when used consistently with the product's labeling.

Reimbursement Hotline

In addition, 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. This guide and all supporting documents are available at https://www.sjm.com/en/professionals/resources-and-reimbursement. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

Disclaimer

This document and the information contained herein is for general information purposes only and is not intended and does not constitute legal, reimbursement, coding, business or other advice. Furthermore, it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by Abbott regarding levels of reimbursement, payment or charge, or that reimbursement or other payment will be received. Similarly, nothing in this document should be viewed as instructions for selecting any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. Also note that the information presented herein represents only one of many potential scenarios, based on the assumptions, variables and data presented. In addition, the customer should note that laws, regulations, coverage and coding policies are complex and updated frequently. Therefore, the customer should check with their local carriers or intermediaries often and should consult with legal counsel or a financial, coding or reimbursement specialist for any coding, reimbursement or billing questions or related issues. This information is for reference purposes only. It is not provided or authorized for marketing use.

Coding and reimbursement information applies to U.S. only

CODING AND REIMBURSEMENT FOR CORONARY PROCEDURES

Physician[1]

CPT‡ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	9.85	$558	NA
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	NA	$0	NA
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.74	$666	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)	NA	$0	NA
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	10.96	$621	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)	NA	$0	NA
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	12.29	$697	NA
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)	NA	$0	NA
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	$621	NA

1. Physician Prospective Payment-Final rule with Comment Period and Final CY2019 Payment Rates. CMS-1693-F: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html

‡ Indicates a third party trademark, which is property of its respective owner.

Coding and reimbursement information applies to U.S. only

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR CORONARY PROCEDURES

Physician[1]

CPT‡ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
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)	NA	$0	NA
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	$699	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	12.31	$698	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)	NA	$0	NA

1. Physician Prospective Payment-Final rule with Comment Period and Final CY2019 Payment Rates. CMS-1693-F: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html

‡ Indicates a third party trademark, which is property of its respective owner.

Coding and reimbursement information applies to U.S. only

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR FFR AND OCT

Physician[1]

CPT‡ CODE	DESCRIPTION	WORK RVU	NATIONAL MEDICARE RATE	
			FACILITY	NON FACILITY
FFR				
+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 primary procedure)	1.38	$81	$81
+93572	each additional vessel (List separately in addition to primary procedure)	1.00	$65	$65
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	each additional vessel (List separately in addition to primary procedure)	*	*	*
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)	1.80	$101	$101
+92979	each additional vessel (List separately in addition to primary procedure)	1.44	$80	$80

+ Indicates add-on code
*Modifier 52 signifies that the service is reduced. Specific values determined by the local Medicare contractor.
1. Physician Prospective Payment-Final rule with Comment Period and Final CY2019 Payment Rates. CMS-1693-F: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html

It is incumbent upon the physician to determine which, if any modifiers should be used first.
A list of CPT‡ code modifiers can be found at https://www.sjm.com/en/professionals/resources-and-reimbursement
‡ Indicates a third party trademark, which is property of its respective owner.
Coding and reimbursement information applies to U.S. only

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR CORONARY PROCEDURES

Hospital Outpatient[2]

CPT‡ CODE	DESCRIPTION	SI	APC	NATIONAL MEDICARE RATE
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	J1	5192	$4,679
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	J1	5193	$9,669
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	5193	$9,669
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	5194	$15,355
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	$9,669
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	Not paid under OPPS
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	$9,669

J1 = Hospital Part B services paid through a comprehensive APC
C = Inpatient Procedures. Not paid under OPPS Admit patient. Bill as inpatient.

2. Hospital Outpatient Prospective Payment-Final Rule with Comment Period and Final CY2019 Payment Rates. CMS-1695-FC: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html

Coding and reimbursement information applies to U.S. only

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR CORONARY PROCEDURES

Hospital Outpatient[2]

HCPCS	DESCRIPTION	SI	APC	NATIONAL MEDICARE RATE
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	5193	$9,669
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	5194	$15,355
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	$9,669
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	Not paid under OPPS
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	$15,355

J1 = Hospital Part B services paid through a comprehensive APC
C = Inpatient Procedures. Not paid under OPPS Admit patient. Bill as inpatient.

2. Hospital Outpatient Prospective Payment-Final Rule with Comment Period and Final CY2019 Payment Rates. CMS-1695-FC: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html

Coding and reimbursement information applies to U.S. only

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR FFR AND OCT

Hospital Outpatient[2]

CPT‡ CODE	DESCRIPTION	STATUS INDICATOR	APC	NATIONAL MEDICARE RATE
FFR				
+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	5191	$2,810
			5192	$4,679
+93572	each additional vessel (List separately in addition to primary procedure)		5193	$9,669
			5194	$15,355
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	5191	$2,810
			5192	$4,679
+92979	each additional vessel (List separately in addition to primary procedure)		5193	$9,669
			5194	$15,355

N = Items and services packaged into APC rates (no separate APC payment).
+ = Indicates add-on code

2. Hospital Outpatient Prospective Payment-Final Rule with Comment Period and Final CY2019 Payment Rates. CMS-1695-FC: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html

‡ Indicates a third party trademark, which is property of its respective owner.

Coding and reimbursement information applies to U.S. only

Effective Dates: January 1, 2019 - December 31, 2019

CODING AND REIMBURSEMENT FOR CORONARY PROCEDURES

Hospital Inpatient[3]

ICD-10-PCS[6] tables below are excerpted from the ICD-10-PCS[6] Code Set. Please refer to the official ICD-10-PCS[6] Code Set for complete tables.

ICD-10-PCS[6] PROCEDURE CODES

0 Medical and Surgical

2 Heart and Great Vessels

7 Dilation - Expanding an orifice or the lumen of a tubular body part

BODY PART CHARACTER 4	APPROACH CHARACTER 5	DEVICE CHARACTER 6	QUALIFIER CHARACTER 7
0 Coronary Artery, One artery	3 Percutneous	4 intraluminal Device, Drug-eluting	6 Bifurcation
1 Coronary Artery, Two arteries		5 Intraluminal Device, Drug-eluting	Z No Qualifier
2 Coronary Artery, Three arteries		6 Intraluminal Device, Drug-eluting, Three	
3 Coronary Artery, Four or more arteries		7 Intraluminal Device, Drug-eluting, Four or More	
		D Intraluminal Device	
		F Intraluminal Device, Three	
		G Intraluminal Device, Four or More	
		Z No Device	

3. Hospital Inpatient Prospective Payment-Final Rule with Comment Period and Final FY2019 Payment Rates. CMS-1694-F: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Regulations.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending

6. CMS 2019 ICD-10-PCS Procedure Coding System and Index: https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-PCS.html

Coding and reimbursement information applies to U.S. only

Effective Dates: October 1, 2018 - September 30, 2019

CODING AND REIMBURSEMENT FOR CORONARY PROCEDURES

Hospital Inpatient[3]

MS-DRG	DESCRIPTION	NATIONAL MEDICARE RATE
246	Percutaneous cardiovascular procedure with drug-eluting stent with major complication or comorbidity or 4+ vessels/stents	$19,787
247	Percutaneous cardiovascular procedure with drug-eluting stent without major complication or comorbidity	$12,690
248	Percutaneous cardiovascular procedure with non-drug-eluting stent with major complication or comorbidity or 4+ vessels/stents	$19,382
249	Percutaneous cardiovascular procedure with non-drug-eluting stent without major complication or comorbidity	$12,158
250	Percutaneous cardiovascular procedure without coronary artery stent or acute myocardial infarction (AMI) with major complication or comorbidity	$15,803
251	Percutaneous cardiovascular procedure without coronary artery stent or acute myocardial infarction (AMI) without major complication or comorbidity	$10,250

3. Hospital Inpatient Prospective Payment-Final Rule with Comment Period and Final FY2019 Payment Rates. CMS-1694-F: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Regulations.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending

Coding and reimbursement information applies to U.S. only

Effective Dates: October 1, 2018 - September 30, 2019

CODING AND REIMBURSEMENT FOR FFR AND OCT

Hospital Inpatient[3]

ICD-10 PCS[6] CODE	DESCRIPTION	TYPICAL MS-DRG ASSIGNMENT	NATIONAL MEDICARE RATE
FFR		**231** Coronary bypass with percutaneous transluminal coronary angioplasty (PTCA) with MCC	$51,311
4A033BC	Measurement of arterial pressure, coronary, percutaneous approach	**232** Coronary bypass with PTCA without MCC	$37,636
		246 Percutaneous cardiovascular procedure with Drug-Eluting Stent (DES)with MCC or 4+ vessels/stents	$19,787
4A133BC	Monitoring of arterial pressure, coronary, percutaneous approach	**247** Percutaneous cardiovascular procedure with DES without MCC	$12,690
		248 Percutaneous cardiovascular procedure with non-DES with MCC or 4 + vessels/stents	$19,383
		249 Percutaneous cardiovascular procedure with non-DES without MCC	$12,158
OCT		**250** Percutaneous cardiovascular procedure without coronary artery stent with MCC	$15,804
B221Z2Z	Computerized tomography of multiple coronary arteries using intravascular optical coherence	**251** Percutaneous cardiovascular procedure without coronary artery stent without MCC	$10,251
		286 Circulatory disorders except acute myocardial infarction, with cardiac catheterization with MCC	$13,324
		287 Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC	$6,958

3. Hospital Inpatient Prospective Payment-Final Rule with Comment Period and Final FY2019 Payment Rates. CMS-1694-F: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Regulations.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending

6. CMS 2019 ICD-10-PCS Procedure Coding System and Index: https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-PCS.html

FFR and OCT do not impact DRG assignments.

Coding and reimbursement information applies to U.S. only

Effective Dates: October 1, 2018 - September 30, 2019

HCPCS Device Category C-Codes[5]

C-CODE	DESCRIPTION
ICD CODES THAT MAY APPLY	
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[4]

Diagnosis codes are used by both hospitals and physicians to document the indication for the procedure. For Fractional Flow Reserve (FFR) and Optical Coherance 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.

4. American Medical Association, *2019 ICD-10-CM: The Complete Official Codebook*. Edition 1; 2019.

5. CMS, 2019 Alpha-Numeric Index HCPCS code set: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2019-Alpha-Numeric-HCPCS-File.

Coding and reimbursement information applies to U.S. only

Effective Dates: January 1, 2019 - December 31, 2019

Coding and reimbursement information applies to U.S. only

Abbott
3200 Lakeside Dr., Santa Clara, CA. 95054 USA, TEl: 1.800.227.9902
www.cardiovascular.abbott

Abbott