



Coding PCI

General Coding Guidelines for PCI

All PCI codes include:

- Accessing and catheterizing vessel
- Traversing the lesion
- Radiological supervision and interpretation (as it relates to intervention)
- Arteriotomy closure through the access sheath
- Distal embolic protection
- Imaging to document PCI completion

For single artery or branch, use code that describes the most intensive service performed.

Modifiers identifying the appropriate artery/branch must be used.

Modifier	Coronary Artery Use Base Codes	Branches Use Add-on codes
LC	Left circumflex	Obtuse marginal 1 Obtuse marginal 2
LD	Left anterior descending	Diagonal 1 Diagonal 2
LM	Left main	N/A
RC	Right	Posterior descending Posterolateral
RI	Ramus Intermedius	N/A

Report diagnostic angiography separately when:

- No prior study is available and decision to perform intervention is based on diagnostic angiography
- Prior imaging exists, but has inadequate visualization, clinical indication has changed, or clinical change requires evaluation of separate area

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Primary Codes

CPT®	PRIMARY CODES
92920	<p>Percutaneous transluminal coronary angioplasty; single major artery or branch</p> <ul style="list-style-type: none">• Performed in native coronary artery• Includes balloon angioplasty
92924	<p>Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major artery or branch</p> <ul style="list-style-type: none">• Performed in native coronary artery• Includes balloon angioplasty
92928	<p>Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major artery or branch</p> <ul style="list-style-type: none">• Performed in native coronary artery• Includes balloon angioplasty• Atherectomy not performed• When both vessels of bifurcation lesions are treated, report with both 92928 and 92829
92933	<p>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch</p> <ul style="list-style-type: none">• Performed in native coronary artery• Includes balloon angioplasty
92937	<p>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</p> <ul style="list-style-type: none">• Includes balloon angioplasty• Performed through bypass graft• Each bypass graft represents a major coronary vessel• Sequential bypass graft and one subtended coronary artery considered one major vessel• Sequential bypass graft and two subtended coronary arteries considered two major vessels and can be reported with base code and add on code• Branching bypass graft counts as a major coronary vessel and each bypass branch counts as an additional vessel and can be billed with the appropriate add on code• Additional intervention requiring access through bypass graft can be billed separately when same artery also requires treatment of native circulation

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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

- Includes balloon angioplasty
- Performed in native coronary artery and/or bypass graft
- Each bypass graft represents a major coronary vessel
- Sequential bypass graft and one subtended coronary artery considered one major vessel
- Sequential bypass graft and two subtended coronary arteries considered two major vessels and can be reported with base code and add on code
- Branching bypass graft counts as a major coronary vessel and each bypass branch counts as an additional vessel and can be billed with the appropriate add on code
- Additional intervention requiring access through bypass graft can be billed separately when same artery also requires treatment of native circulation

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

- Includes balloon angioplasty
- Performed in native coronary artery and/or bypass graft
- Each bypass graft represents a major coronary vessel
- Sequential bypass graft and one subtended coronary artery considered one major vessel
- Sequential bypass graft and two subtended coronary arteries considered two major vessels and can be reported with base code and add on code
- Branching bypass graft counts as a major coronary vessel and each bypass branch counts as an additional vessel and can be billed with the appropriate add on code
- Mechanical thrombectomy may be separately reported

92975 Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography

92977 Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography; by intravenous infusion

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Add-on Codes

CPT®	ADD-ON CODES
92921	<p>Percutaneous transluminal coronary angioplasty; each additional branch of major coronary artery</p> <ul style="list-style-type: none">• Report in addition to 92920, 92924, 92928, 92933, 92937, 92941, 92943• Multiple units can be used to report up to 2 additional branches• Includes balloon angioplasty• Not payable by Medicare–bundled service
92925	<p>Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery</p> <ul style="list-style-type: none">• Report in addition to 92924, 92928, 92933, 92937, 92941, 92943• Multiple units can be used to report up to 2 additional branches• Includes balloon angioplasty• Not payable by Medicare–bundled service
92929	<p>Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional major of a major coronary artery</p> <ul style="list-style-type: none">• Report in addition to 92928, 92933, 92937, 92941, 92943• Multiple units can be used to report up to 2 additional branches• Includes balloon angioplasty• Not payable by Medicare–bundled service
92934	<p>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of major coronary artery</p> <ul style="list-style-type: none">• Report in addition to 92933, 92937, 92941, 92943• Multiple units can be used to report up to 2 additional branches• Includes balloon angioplasty• Not payable by Medicare–bundled service
92938	<p>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</p> <ul style="list-style-type: none">• Report in addition to 92937• Multiple units can be used to report up to 2 additional branches• Includes balloon angioplasty• Not payable by Medicare–bundled service

- 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
- Report in addition to 92924, 92928, 92933, 92937, 92941, 92943
 - Multiple units can be used to report up to 2 additional branches
 - Includes balloon angioplasty
 - Mechanical thrombectomy may be separately reported
 - Not payable by Medicare—bundled service
- 92973** Percutaneous transluminal coronary thrombectomy mechanical
- Report in addition to 92920, 92924, 92928, 92933, 92937, 92943, 92975, 93454-93461, 93563, 93564
 - Do not report in addition to 92941
- 92974** Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy
- Report in addition to 92920, 92924, 92928, 92933, 92937, 92941, 92943, 93454-93461
- 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
- Report in addition to 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975, 93454-93461, 93563, 93564
- 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
- Report in addition to 92978

References

American Medical Association (2014). *“Reporting Coronary Therapeutic Services and Procedures (92920-92944)”*. CPT Assistant Newsletter.

National Government Services, Inc. (2019). *“Billing and Coding: Percutaneous Coronary Intervention”*. Local Coverage Article A56823. Accessed from Article—Billing and Coding: Percutaneous Coronary Intervention (A56823) (cms.gov).

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