



2026 Coronary Reimbursement Guide

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Overview

This guide has been created to help you understand reimbursement guides specific to coverage, coding, and payment for Percutaneous Coronary Diagnostic and Interventional procedures. This guide will focus mainly on Medicare reimbursement. Products must be used in accordance with their approved labeling.

For additional information, please contact Reimbursement Customer Support, 8 a.m. to 5 p.m. CT, Monday - Friday:

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The payment rates included in this document are National Average Unadjusted Medicare payment rates for all sites of service. Hospital inpatient reimbursement rates are effective on a fiscal year from October 1 through September 30. Payment rates for hospital outpatient, ambulatory surgery centers, and physicians are effective on a calendar year from January 1 through December 31.

Coverage

Medicare

Medicare covers percutaneous transluminal angioplasty under the National Coverage Determination (NCD) titled **Percutaneous Transluminal Angioplasty**. This NCD can be found in section [20.7 of the Medicare NCD Manual](#).

There are Local Coverage Determination (LCD) coverage policies that address percutaneous coronary intervention procedures. Please reach out to your local Medicare contractor for information on their specific coverage policies.

Medicare Advantage

Medicare Advantage plans are required to provide coverage at minimum commensurate to that offered by traditional Medicare. Medicare NCDs apply to both traditional Medicare and Medicare Advantage plans. Medicare Advantage plans may require prior authorization, and it is recommended to reach out to the payer to learn their specific requirements.

Non-Medicare Payer (Commercial Payer)

Non-Medicare payers may require prior authorization. Consult the specific payer coverage policy to determine requirements for coverage and any specific billing instructions, if applicable.

Hospital Outpatient, Ambulatory Surgery Center (ASC), and Physician Fee Schedule

(+): Indicates add-on code. List add-on code separately in addition to code for primary procedure

SI: Status indicator

J1: Hospital part B services paid through a comprehensive APC

N: Packaged service

C: Inpatient Only

N/A: There is no established Medicare payment in this setting

CPT® ¹ / HCPCS Code	Description	Hospital Outpatient ²			ASC ³	Physician ⁴	
		SI	APC			Facility Rate	Non- Facility
Coronary PCI without Intraluminal Device/Stent							
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery and/or its branch(es)	J1	5192	\$5,815	\$3,849	\$387	N/A
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)	J1	5193	\$11,794	\$8,448	\$469	N/A
Coronary PCI, which may include Intraluminal Device/Stent							
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 1 lesion involving 1 or more coronary segments	J1	5193	\$11,794	\$7,309	\$464	N/A
92930 <i>(new for 2026)</i>	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	J1	5194	\$18,729	\$12,842	\$505	N/A
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)	J1	5194	\$18,729	\$12,965	\$533	N/A
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 major coronary artery and/or its branches	J1	5193	\$11,794	\$7,423	\$524	N/A
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches	C	N/A	Inpatient Only	N/A	\$590	N/A
92943	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach	J1	5193	\$11,794	\$7,883	\$634	N/A
92945 <i>(new for 2026)</i>	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches	J1	5193	\$11,794	\$7,438	\$632	N/A
Hospital Codes used for Drug Eluting Stents (DES)							
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J1	5193	\$11,794	\$7,500	N/A	N/A
+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	N/A	N/A	N/A	N/A	N/A
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	J1	5194	\$18,729	\$13,206	N/A	N/A

CPT®¹/ HCPCS Code	Description	Hospital Outpatient²			ASC³	Physician⁴	
		SI	APC			Facility Rate	Non- Facility
+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)	N	N/A	N/A	N/A	N/A	N/A
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	\$11,794	\$7,354	N/A	N/A
+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)	N	N/A	N/A	N/A	N/A	N/A
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	N/A	Inpatient Only	N/A	N/A	N/A
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	\$18,729	\$12,790	N/A	N/A
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)	N	N/A	N/A	N/A	N/A	N/A
Diagnostic (Non-Congenital)							
93451	Right heart catheterization, w/o coronary angiography	J1	5191	\$3,312	\$1,708	\$128	\$851
93452	Left heart catheterization, w/o coronary angiography, including left ventriculography	J1	5191	\$3,312	\$1,708	\$231	\$876
93453	Combined left and right heart catheterization, w/o coronary angiography, including left ventriculography	J1	5191	\$3,312	\$1,708	\$308	\$1,115
93454	Coronary angiography, w/o heart catheterization	J1	5191	\$3,312	\$1,708	\$233	\$878
93455	Coronary angiography w/angiography of bypass graft(s), w/o heart catheterization	J1	5191	\$3,312	\$1,708	\$272	\$979
93456	Coronary angiography w/ right heart catheterization	J1	5191	\$3,312	\$1,708	\$303	\$1,094
93457	Coronary angiography w/ angiography of bypass graft(s) w/ right heart catheterization	J1	5191	\$3,312	\$1,708	\$341	\$1,193
93458	Coronary angiography w/ left heart catheterization, including left ventriculography	J1	5191	\$3,312	\$1,708	\$287	\$1,010
93459	Coronary angiography w/ angiography of bypass graft(s) w/ left heart catheterization including left ventriculography	J1	5191	\$3,312	\$1,708	\$326	\$1,088
93460	Coronary angiography w/ left & right heart catheterization, including left ventriculography	J1	5191	\$3,312	\$1,708	\$364	\$206
93461	Coronary angiography w/ angiography of bypass graft(s) w/ left & right heart catheterization, including left ventriculography	J1	5191	\$3,312	\$1,708	\$402	\$1,329
Diagnostic (Congenital)							
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance, normal native connections	J1	5191	\$3,312	N/A	N/A	N/A
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance, abnormal native connections	J1	5191	\$3,312	N/A	N/A	N/A
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance, normal or abnormal native connections	J1	5191	\$3,312	N/A	N/A	N/A
93596	Right and left heart catheterization for congenital heart defect(s) including imaging, normal native connections	J1	5191	\$3,312	N/A	N/A	N/A

CPT®¹/ HCPCS Code	Description	Hospital Outpatient²			ASC³	Physician⁴	
		SI	APC			Facility Rate	Non- Facility
93597	Right and left heart catheterization for congenital heart defect(s) including imaging, abnormal native connections	J1	5191	\$3,312	N/A	N/A	N/A
+93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for evaluation of congenital heart defects	N	N/A	N/A	N/A	N/A	N/A
+93563	Coronary angiography during heart catheterization for congenital cardiac anomalies	N	N/A	N/A	N/A	\$44.42	\$50.44
+93564	Bypass graft angiography, venous or arterial, free grafts or in situ (eg, internal mammary artery), during heart catheterization for congenital cardiac anomalies	N	N/A	N/A	N/A	\$47.43	\$53.44
+93565	Left ventriculography or left atrial angiography during heart catheterization for congenital cardiac anomalies	N	N/A	N/A	N/A	\$23.38	\$26.39
Additional Procedures & Selected Interventions							
+92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	N	N/A	N/A	N/A	\$122	N/A
+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	N/A	N/A	N/A	N/A	N/A
+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 code for primary procedure)	N	N/A	N/A	N/A	N/A	N/A
+93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)	N	N/A	N/A	N/A	N/A	N/A
+93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)	N	N/A	N/A	N/A	N/A	N/A
+0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)	N	Complexity adjustments may apply.		ASC-specific C-codes may apply.	Contractor Priced - contact MAC for 2026 rates	
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	J1	5193	\$11,794	\$7,438	Contractor Priced - contact MAC for 2026 rates	
+0914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)	N	N/A	Packaged	N/A	Contractor Priced - contact MAC for 2026 rates	

Complexity Adjustment Codes

In the Hospital Outpatient Prospective Payment System (OPPS), most services are packaged into a single payment (C-APC). However, for certain procedures, a complexity adjustment may be applied when performed together. In the ASC setting, CMS has implemented C-codes for certain paired procedures, which are reported in lieu of the codes, to adjust for higher resource utilization, similar to complexity adjustments.

CathWorks FFRangio™ system			
+0523T- Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)			
Setting	Codes Used	Unadjusted Payment	Payment when Procedures Performed Together
Outpatient	93454 and +0523T	\$3,312 (APC 5191)	When +0523T is coded with 93454 or 93460, CMS applies a complexity adjustment, increasing payment to \$5,814 (APC 5192)
	93460 and +0523T	\$3,312 (APC 5191)	
ASC	93454 and +0523T	\$1,707	Code using C7570 (in place of 93454 +0523T) = \$2,727
	93460 and +0523T	\$1,707	Code using C7562 (in place of 93460 +0523T) = \$2,727

HCPCS Codes⁵

Medicare provides device C-codes for hospital use in billing Medicare for medical devices in the outpatient setting. Hospital Outpatient Prospective Payment System (OPPS) requires providers to report device category C-codes on Medicare claims. Non-Medicare payers may require the use of these codes as well. It is important to check with the specific payer's requirements. The following HCPCS device c-codes may be used to identify devices in coronary procedures.

C-code	Description
C1724	Catheter, Transluminal, Atherectomy, Rotational
C1725	Catheter, Transluminal, Angioplasty, Non-Laser (May include guidance, infusion/perfusion capability)
C1760	Closure Device, Vascular (Implantable/Insertable)
C1769	Guidewire
C1874	Stent, Coated/Covered, with Delivery System
C1876	Stent, Non-Coated/Non-Covered, with Delivery System
C1884	Embolization Protection System
C1887	Catheter, Guiding (May include infusion/ perfusion capability)
C1889	Implantable/ Insertable Device, not otherwise classified
C1894	Introducer/ Sheath, other than guiding, other than intracardiac, electrophysiological, non-laser
C2623	Catheter, Transluminal, Angioplasty, Non-Laser

Inpatient National Unadjusted Reimbursement Rates⁶

The inpatient rates shown below cover the primary MS-DRGs that coronary procedures map to. The treatments are grouped by Percutaneous Coronary Intervention (PCI) with or without intraluminal device.

Therapy	MS-DRG and Description	FY2026 Payment
Percutaneous Coronary Intervention with Intraluminal Device	321 Perc. Cardio. Proc. w/Intraluminal Device w/MCC Or 4+ Arteries/Intraluminal Device	\$19,799
	322 Perc. Cardiovascular Procedures w/Intraluminal device w/o MCC	\$12,829
	323 Coronary Intravascular Lithotripsy with Intraluminal device w/MCC	\$31,489
	324 Coronary Intravascular Lithotripsy with Intraluminal device w/o MCC	\$22,929
	359 Perc. Coronary Atherectomy w/Intraluminal Device w/MCC	\$25,022
	360 Perc. Coronary Atherectomy w/Intraluminal Device w/o MCC	\$17,568
PCI w/o Intraluminal Device	250 Perc. Cardiovascular Proc w/o Intraluminal Device w/ MCC	\$15,882
	251 Perc. Cardiovascular Proc w/o Intraluminal Device w/o MCC	\$10,875
	325 Coronary Intravascular Lithotripsy w/o Intraluminal Device	\$23,361
	318 Perc. Coronary Atherectomy w/o Intraluminal Device	\$17,626

NOTE: Average payment is a weighted average across the MS-DRGs listed for the groups above and is based upon historical volumes.

References

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2. OPPTS 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc> Rates shown reflect the unadjusted OPPTS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.
3. ASC 2026 Final Rule CMS-1834-FC | CMS. Cms.gov. Published November 21, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notice/cms-1834-fc> Rates shown reflect the unadjusted ASC payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.
4. PFS 2026 Final Rule CMS-1832-F | CMS. Cms.gov. Published October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f> Local physician rates will vary based on location specific factors not reflected in this document.
5. HCPCS 2026 Level II Professional Edition. American Medical Association; 2025.
6. FY 2026 IPPS Final Rule Home Page | CMS. Cms.gov. Published July 31, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ippa-final-rule-home-page>. Rates shown reflect the unadjusted IPPS payment rates. Actual reimbursement may vary based on hospital-specific factors, such as wage index, geographic adjustments, and other CMS payment modifiers.

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Reimbursement rates are reflective as of January 2023 and do not include any legislative adjustments that may have occurred after this date. Please note that all Medicare rates displayed in this document are adjusted to reflect geographic/wage-related factors, for the displayed facility or locality and are inclusive of beneficiary cost-sharing. They do not reflect additional payment adjustments (e.g., 2% sequestration and 4% PAYGO cuts). Medtronic doesn't offer products with approved indications for all procedures listed. For more information, contact the Cardiovascular Health Economics, Policy & Reimbursement Team.

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