# CORONARY INTRAVASCULAR LITHOTRIPSY (IVL) & PERCUTANEOUS CORONARY INTERVENTION (PCI)

2025 Medicare Hospital Inpatient Reimbursement Coding and Payment Guide

### **OVERVIEW**

The Medicare Inpatient Prospective Payment System (IPPS) Fiscal Year 2025 (FY2025) final rule contains several updates regarding PCI procedures for Medicare patients within the hospital inpatient setting effective October 1, 2024.

The three Medicare Severity Diagnosis Related Group (MS-DRG) specific to Coronary Intravascular Lithotripsy (IVL) which were established in Fiscal Year 2024 (FY2024) remain in effect with updated payments for FY2025. Assignment to these Coronary IVL specific MS-DRGs will be based on the patient's diagnosis and the IVL specific International Classification of Diseases Procedure Code (ICD-10-PCS) included on the claim form (see table below). The standard PCI with stent MS-DRG codes which were consolidated from four separate codes to two codes in FY2024 also remain in place with updated payments for FY2025.

## **FY2025 PAYMENT UPDATES FOR CORONARY IVL**

Medicare reimburses inpatient care under the FY2025 IPPS which utilizes the MS-DRG system for payment. Effective FY2024, when Coronary IVL is performed in the hospital inpatient setting with or without stent placement (any type), facilities are assigned one of the MS-DRG codes listed below. Performance of additional procedures may change the MS-DRG assignment. The below FY2025 payments for Coronary IVL MS-DRGs are effective starting October 1, 2024.

As compared to FY2024, the updated FY2025 payments associated with Coronary IVL procedures have increased by ~\$1,650 on a volume weighted average basis.

MS-DRG	Descriptor	Medicare FY2025 Payment <sup>2</sup>
323	Coronary IVL with Intraluminal Device with MCC <sup>1</sup>	\$30,806
324	Coronary IVL with Intraluminal Device without MCC <sup>1</sup>	\$23,169
325	Coronary IVL without Intraluminal Device without CC/MCC <sup>1</sup>	\$20,778

<sup>1</sup>MCC: Major Complications and Comorbidities; CC: Complications and Comorbidities.

<sup>2</sup>CMS-1808-F; National Average MS-DRG rates shown are based on Medicare Inpatient Prospective Payment System FY2025 Final Rule, Table 1 & Table 5. National average payment rates assume full update amount for hospitals which have submitted quality data and hospitals have a wage index greater than 1. Site specific payment rates will vary based on regional area wage differences, teaching hospital status, indirect medical education costs, quality data, additional payments to hospitals that treat a large percentage of low-income patients ("disproportionate share payments"), etc.

The following ICD-10-PCS codes are specific to procedures involving the use of IVL on one or more coronary arteries. Codes associated with stent procedures as well any other procedures performed may also be applicable.

ICD-10-PCS Code	Descriptor	
02F03ZZ	Fragmentation in coronary artery, one artery, percutaneous approach	
02F13ZZ	Fragmentation in coronary artery, two arteries percutaneous approach	
02F23ZZ Fragmentation in coronary artery, three arteries, percutaneous approach		
02F33ZZ Fragmentation in coronary artery, four or more arteries, percutaneous approach		

### **FY2025 PAYMENT UPDATES FOR STANDARD PCI MS-DRGs**

The consolidated, two code structure of standard PCI procedures with stent procedures established in FY2024 remain in place with updated payments for FY2025. PCI procedures involving atherectomy within the hospital inpatient setting will continue to map these MS-DRG codes. The FY2025 IPPS rule includes the same MS-DRG for PCI without stent as FY2024 with updated payments. The below FY2025 payments for standard PCI with and without stent procedures are effective starting October 1, 2024.

As compared to FY2024, the updated FY2025 payments associated with standard PCI procedures have increased by ~\$100 on a volume weighted average basis.

#### **MS-DRGs FOR PCI WITH STENT PLACEMENT**

MS-DRG	Descriptor	Medicare FY2025 Payment <sup>2</sup>
321	PCI with intraluminal device with MCC <sup>1</sup> or 4+ arteries	\$20,545
322	PCI with intraluminal device without MCC <sup>1</sup>	\$13,085

### **MS-DRGs FOR PCI WITHOUT STENT PLACEMENT**

MS-DRG	Descriptor	Medicare FY2025 Payment <sup>2</sup>
250	PCI without intraluminal device with MCC <sup>1</sup>	\$16,628
251	PCI without intraluminal device without MCC <sup>1</sup>	\$11,273

<sup>1</sup>MCC: Major Complications and Comorbidities; CC: Complications and Comorbidities.

<sup>2</sup>CMS-1808-F; National Average MS-DRG rates shown are based on Medicare Inpatient Prospective Payment System FY2025 Final Rule, Table 1 & Table 5. National average payment rates assume full update amount for hospitals which have submitted quality data and hospitals have a wage index greater than 1. Site specific payment rates will vary based on regional area wage differences, teaching hospital status, indirect medical education costs, quality data, additional payments to hospitals that treat a large percentage of low-income patients ("disproportionate share payments"), etc.

#### **QUESTIONS? CONNECT WITH A SHOCKWAVE MEDICAL REIMBURSEMENT SPECIALIST**

The Shockwave Medical Reimbursement team is available to answer questions regarding the above updates.

The Shockwave Reimbursement Specialist team can be contact by phone at (877) 273-4628

or email at reimbursement@shockwavemedical.com.

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