

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

2024 Physician Coding and Payment Guide

OVERVIEW

The Centers for Medicare & Medicaid Services (CMS) has established relative value units (RVUs) and associated Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS) payment rates for Current Procedural Terminology (CPT®)¹ code **+92972**, a Category I Add-on code for procedures involving Coronary IVL. This code and the associated PFS payment rates are effective January 1, 2024. Prior to the establishment of +92972, there were no additional RVUs or professional fees for performing Coronary IVL. This document is intended to provide coding information to physicians and staff as they consider use of this new code.

CORONARY IVL CPT® CODE +92972

CMS has assigned the Coronary IVL CPT® code **+92972** a total RVU value of 4.27. The work related RVU's associated with +92972 is 2.97. For CY 2024, CMS has associated CPT® code +92972 with a payment rate of \$140 to reflect the Coronary IVL services described by this code.

CPT® code +92972 is an add-on code that must be used in conjunction with a primary procedure CPT® code. The payment rate described below for +92972 is in addition to payment for the primary procedure CPT® code. A list of primary procedure codes commonly used with Coronary IVL can be found in the table below.

Coronary IVL CPT® Add-on Code +92972

CPT®	Description	Additional Work RVUs ²	Additional Payment ^{2,3}
+92972	Percutaneous transluminal coronary lithotripsy	+2.97	+\$140

Primary Procedure Codes

CPT®	Description	Work RVUs ²	Payment ^{2,3}
92920	Perc transluminal coronary angioplasty; single major coronary artery or branch	9.85	\$506
92924	Perc transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.74	\$603
92928	Perc transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	10.96	\$563
92933	Perc transluminal coronary atherectomy, with intracoronary stent, with coronary angio when performed; single major coronary artery or branch	12.29	\$631
92937	Perc transluminal revasc of or through coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including distal protection; single vessel	10.95	\$563
92941	Perc transluminal revasc of acute total/subtotal occlusion during acute MI, coronary artery or CABG, any comb of intracoronary stent, atherectomy and angio, inc aspiration thrombectomy when performed, single vessel	12.31	\$632
92943	Perc transluminal revasc of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any comb of intracoronary stent, atherectomy and angio; single vessel	12.31	\$632
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	6.99	\$359

APPLICATION AND IMPACT OF CORONARY IVL CPT® CODE +92972

The tables below provide examples of how utilizing Coronary IVL and reporting CPT® code +92972 and reporting CPT® code +92972 in conjunction with a primary procedure code impacts the total works RVU's and payment associated with a procedure.

Impact on Work RVUs when Coronary IVL Performed (+92972)							
Without Coronary IVL			With Coronary IVL				
CPT®	Description	Work RVUs ²		Additional Work RVU's ²		New Work RVUs	
Most common	92920	PTCA w/o stent	9.85	+	2.97	=	12.82
	92928	PCI w/ stent	10.96	+	2.97	=	13.93
	92933	Atherectomy w/ stent	12.29	+	2.97	=	15.26
	92943	CTO	12.31	+	2.97	=	15.28

Impact on Payment when Coronary IVL Performed (+92972)							
Without Coronary IVL			With Coronary IVL				
CPT®	Description	Payment ^{2,3}		Additional Payment ^{2,3}		New Payment	
Most common	92920	PTCA w/o stent	\$506	+	+\$140	=	\$646
	92928	PCI w/ stent	\$563	+	+\$140	=	\$703
	92933	Atherectomy w/ stent	\$631	+	+\$140	=	\$771
	92943	CTO	\$632	+	+\$140	=	\$772

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 contacted by phone at **(877) 273-4628** or email at reimbursement@shockwavemedical.com.

The coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. Shockwave Medical cannot guarantee success in obtaining third-party insurance payments. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. Providers should contact their third-party payers for specific information on their coding, coverage, and payment policies.

1. CPT® is a registered trademark of the American Medical Association. Copyright 1995-2023. All rights reserved.

2. CMS-1784-F; Medicare Physician Fee Schedule Fiscal Year 2024 Final Rule.

3. Payment rates do not take into account geographical or additional adjustments. Providers should contact their local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates vary by region.

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