

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

2026 Physician Coding and Payment Guide

OVERVIEW

The below information is provided to assist in the accurate coding of Intravascular Lithotripsy (IVL) procedures with Shockwave IVL catheters. IVL is the energy-based generation of ultrasonic acoustic pressure waves for modification, fracture, and fragmentation of vascular calcification. This document is intended to provide current coding and payment information to physicians and staff as they consider the use of Coronary IVL in CY 2026.

CORONARY IVL CPT® CODE +92972 IN CY 2026

For CY 2026, CMS has assigned the Coronary IVL CPT® code +92972 a total RVU value of 3.66. The work related RVUs associated with +92972 are 2.90. Based on the assigned total RVUs, the national Medicare physician facility payment is \$122. The RVUs and physician payments for +92972 are effective January 1, 2026.

CPT® code +92972 is an add-on code that must be used in conjunction with a designated 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	Work RVUs ¹	Physician Facility Payment ^{1,2}
+92972	Percutaneous transluminal coronary lithotripsy	+2.90	+\$122*

*Additional Physician Facility Payment is Based on Total RVUs

Primary Procedure Codes

CPT®	Description	Work RVUs ¹	Physician Facility Payment ^{1,2}
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery and/or its branch(es).	8.14	\$387
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery and/or its branch(es).	9.88	\$469
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments.	9.75	\$463
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); two or more distinct coronary lesions with two or more coronary stents deployed into or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch.	12.00	\$505
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery and/or its branch(es).	11.64	\$553
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 branch(es).	11.02	\$524
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.	12.40	\$589
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.	13.35	\$634
92945	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 approach.	15.00	\$632

APPLICATION AND IMPACT OF CORONARY IVL CPT® CODE +92972

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

Impact on Work RVUs when Coronary IVL Performed					
Without Coronary IVL			With Coronary IVL		
CPT®	Description	Work RVUs ¹	Work RVUs ¹	Total Work RVUs	
MOST COMMON	92920 PTCA w/o stent*	8.14	+ 2.90	= 11.04	
	92924 Atherectomy w/o stent*	9.88	+ 2.90	= 12.78	
	92928 PCI w/ stent	9.75	+ 2.90	= 12.65	
	92930 PCI w/ stent (multiple lesions)	12.00	+ 2.90	= 14.90	
	92933 Atherectomy w/ stent	11.64	+ 2.90	= 14.54	
	92943 CTO (antegrade)	13.35	+ 2.90	= 16.25	
	92945 CTO (antegrade & retrograde)	15.00	+ 2.90	= 17.90	

*Coronary IVL is indicated for use prior to stent implantation

Impact on Payment when Coronary IVL Performed					
Without Coronary IVL			With Coronary IVL		
CPT®	Description	Physician Facility Payment ^{1,2}	Physician Facility Payment ^{1,2}	Total Physician Facility Payment	
MOST COMMON	92920 PTCA w/o stent*	\$387	+ \$122	= \$509	
	92924 Atherectomy w/o stent*	\$469	+ \$122	= \$591	
	92928 PCI w/ stent	\$463	+ \$122	= \$585	
	92930 PCI w/ stent (multiple lesions)	\$505	+ \$122	= \$627	
	92933 Atherectomy w/ stent	\$553	+ \$122	= \$675	
	92943 CTO (antegrade)	\$634	+ \$122	= \$756	
	92945 CTO (antegrade & retrograde)	\$632	+ \$122	= \$754	

*Coronary IVL is indicated for use prior to stent implantation

QUESTIONS? CONNECT WITH A SHOCKWAVE MEDICAL REIMBURSEMENT SPECIALIST

Contact your Shockwave IVL sales representative or email shockwaverembursement@its.jnj.com to connect with a reimbursement specialist.

Reimbursement Disclaimer (US):

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.

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1. CMS-1832-F; Medicare Physician Fee Schedule, MPFS, Calendar Year 2026 Final Rule. 10/31/25, Addendum B, using conversion factor \$33.4009. Additional physician facility payment is based on total RVUs.

2. National payment rates listed utilized conversion factor of \$33.4009. These rates do not factor in geographical or additional adjustments. Providers should contact their local Medicare Administrative Contractor for specific payment information.

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