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 into 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 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
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

Most common

*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
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

Most common

*Coronary IVL is indicated for use prior to stent implantation

Questions? Connect with a Shockwave Medical reimbursement specialist

Connect with your reimbursement specialist at **shockwavereimbursement@its.jnj.com**

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Coronary safety information - In the United States: Rx only. Indications for Use— The Shockwave Intravascular Lithotripsy (IVL) System with the Shockwave C2, Shockwave C2+, and Shockwave C2 Aero Coronary IVL Catheters is indicated for lithotripsy-enabled, low-pressure balloon dilatation of severely calcified, stenotic de novo coronary arteries prior to stenting. **Contraindications—** The Shockwave C2, Shockwave C2+, and Shockwave C2 Aero Coronary IVL Systems are contraindicated for the following: These devices are not intended for stent delivery. These devices are not intended for use in carotid or cerebrovascular arteries. **Warnings—** Use the IVL Generator in accordance with recommended settings as stated in the Operator's Manual. The risk of a dissection or perforation is increased in severely calcified lesions undergoing percutaneous treatment, including IVL. Appropriate provisional interventions should be readily available. Balloon loss of pressure was associated with a numerical increase in dissection which was not statistically significant and was not associated with MACE. Analysis indicates calcium length is a predictor of dissection and balloon loss of pressure. IVL generates mechanical pulses which may cause atrial or ventricular capture in bradycardic patients. In patients with implantable pacemakers and defibrillators, the asynchronous capture may interact with the sensing capabilities. Monitoring of the electrocardiographic rhythm and continuous arterial pressure during IVL treatment is required. In the event of clinically significant hemodynamic effects, temporarily cease delivery of IVL therapy. **Precautions—** Only to be used by physicians trained in angiography and intravascular coronary procedures. Use only the recommended balloon inflation medium. Hydrophilic coating to be wet only with normal saline or water and care must be taken with sharp objects to avoid damage to the hydrophilic coating. Appropriate anticoagulant therapy should be administered by the physician. Precaution should be taken when treating patients with previous stenting within 5 mm of target lesion IVL pulses may potentially interfere with certain implanted electrical devices (e.g., ventricular support systems). **Cautions—** Shockwave C2 and Shockwave C2+ should not be re-inserted once they are pulled out of the patient's body. Shockwave C2 Aero may be re-inserted up to 3 times in the same patient when used in accordance with the IFU. **Potential adverse effects consistent with standard based cardiac interventions include—** Abrupt vessel closure – Allergic reaction to contrast medium, anticoagulant and/or antithrombotic therapy- Aneurysm-Arrhythmia-Arteriovenous fistula-Bleeding complications-Cardiac tamponade or pericardial effusion- Cardiopulmonary arrest-Cerebrovascular accident (CVA)- Coronary artery/vessel occlusion, perforation, rupture or dissection-Coronary artery spasm-Death-Emboli (air, tissue, thrombus or atherosclerotic emboli)-Emergency or non- emergency coronary artery bypass surgery-Emergency or non- emergency percutaneous coronary intervention-Entry site complications-Fracture of the guide wire or failure/malfunction of any component of the device that may or may not lead to device embolism, dissection, serious injury or surgical intervention- Hematoma at the vascular access site(s)-Hemorrhage- Hypertension/Hypotension-Infection/sepsis/fever-Myocardial Infarction-Myocardial Ischemia or unstable angina-Pain-Peripheral Ischemia-Pseudoaneurysm-Renal failure/insufficiency-Restenosis of the treated coronary artery leading to revascularization-Shock/pulmonary edema-Slow flow, no reflow, or abrupt closure of coronary artery-Stroke-Thrombus- Vessel closure, abrupt-Vessel injury requiring surgical repair- Vessel dissection, perforation, rupture, or spasm. **Risks identified as related to the device(s) and its use:** Allergic/immunologic reaction to the catheter material(s) or coating-Device malfunction, failure, or balloon loss of pressure leading to device embolism, dissection, serious injury or surgical intervention-Atrial or ventricular extrasystole-Atrial or ventricular capture. **Prior to use, please reference the Instructions for Use for more information on indications, contraindications, warnings, precautions and adverse events. www.shockwavemedical.com/IFU.** Please contact your local Shockwave representative for specific country availability.
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