Percutaneous Coronary Interventions

Guideline Number: MPG235.07
Approval Date: February 10, 2021

Policy Summary

Overview

Percutaneous coronary intervention (PCI), commonly known as coronary angioplasty or simply angioplasty, is a non-surgical procedure used to treat the stenotic (narrowed) coronary arteries of the heart found in coronary heart disease. These stenotic segments are due to the buildup of the cholesterol-laden plaques that form due to atherosclerosis. During PCI, a cardiologist feeds a deflated balloon or other device on a catheter from the inguinal femoral artery or radial artery up through blood vessels until they reach the site of blockage in the heart. X-ray imaging is used to guide the catheter threading. At the blockage, the balloon is inflated to open the artery, allowing blood to flow. A stent is often placed at the site of blockage to permanently open the artery.

Percutaneous transluminal coronary angioplasty (PTCA) is a minimally invasive procedure to open up blocked coronary arteries, allowing blood to circulate unobstructed to the heart muscle.

Guidelines

Percutaneous coronary intervention (PCI) may be indicated in the management of:

- Patients with acute coronary syndrome (e.g., acute myocardial infarction, unstable angina)
- Patients with a history of significant obstructive atherosclerotic disease
- Patients with restenosis of a coronary artery previously treated with intracoronary stent or other revascularization procedure
- Patients with chronic angina
- Patients with silent ischemia
Generally PCI is not indicated for:
- Patients that can be managed medically
- Right heart catheterization and insertion of a Swan-Ganz catheter are not generally medically necessary for a PCI and will be denied, unless medically necessary when performed incident to a diagnostic catheterization prior to the intervention
- Standby services of a surgeon or anesthesiologist are not covered services
- Patients with stable coronary artery disease (CAD)

**Indications for Intracoronary Ultrasound and Doppler Fractional Flow Reserve Studies**

Intracoronary ultrasound may be separately covered when needed to assess the extent of coronary stenosis if equivocal on angiography, or when needed to assess the patency and integrity of a coronary artery post-intervention. Alternatively, intravascular doppler velocity and/or pressure derived coronary flow reserve measurement may be performed to assess the degree of stenosis within a vessel. Intracoronary ultrasound or fractional flow reserve measurement should be performed on an individual artery as clinically indicated. Both procedures are not considered medically necessary unless written documentation in the form of a procedure note is submitted to support medical necessity. Intracoronary ultrasound and doppler fractional flow reserve studies can be required in multivessel CAD.

**Modifier**

Claims for percutaneous coronary intervention must include the appropriate modifiers to identify which vessel is undergoing a specific procedure. Modifiers are identified as: LD (left anterior descending coronary artery), LC (left circumflex coronary artery), RC (right coronary artery), LM (left main artery) and RI (rasmus intermedius artery).

**Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>92920</td>
<td>Percutaneous transluminal coronary angioplasty; single major coronary artery or branch</td>
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<td>92921</td>
<td>Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (bundled code and will not be separately reimbursed)</td>
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### CPT Code | Description
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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 vessel
92938 | 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; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) (bundled code and will not be separately reimbursed)
92941 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
92943 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
92944 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) (bundled code and will not be separately reimbursed)
92973 | Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
92974 | Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975 | Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
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)
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)
93571 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure) (See the Medicare Advantage Policy Guideline for Ultrasound Diagnostic Procedures (NCD 220.5))
93572 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure) (See the Medicare Advantage Policy Guideline for Ultrasound Diagnostic Procedures (NCD 220.5))

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### HCPCS Code | Description
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C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
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)
C9602 | Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
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<td>C9604</td>
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<th>Modifier</th>
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<td>LC</td>
<td>Left circumflex coronary artery</td>
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<td>LD</td>
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<td>LM</td>
<td>Left main coronary artery</td>
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<tr>
<td>RC</td>
<td>Right coronary artery</td>
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<tr>
<td>RI</td>
<td>Ramus intermedius artery</td>
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<td>T82.817A</td>
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### Diagnosis Code | Description
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T82.856D | Stenosis of peripheral vascular stent, subsequent encounter
T82.856S | Stenosis of peripheral vascular stent, sequela
T82.857A | Stenosis of other cardiac prosthetic devices, implants and grafts, initial encounter
T82.857D | Stenosis of other cardiac prosthetic devices, implants and grafts, subsequent encounter
T82.857S | Stenosis of other cardiac prosthetic devices, implants and grafts, sequela
T82.867A | Thrombosis due to cardiac prosthetic devices, implants and grafts, initial encounter
T82.867D | Thrombosis due to cardiac prosthetic devices, implants and grafts, subsequent encounter
T82.867S | Thrombosis due to cardiac prosthetic devices, implants and grafts, sequela
T82.897A | Other specified complication of cardiac prosthetic devices, implants and grafts, initial encounter
T82.897D | Other specified complication of cardiac prosthetic devices, implants and grafts, subsequent encounter
T82.897S | Other specified complication of cardiac prosthetic devices, implants and grafts, sequela
T82.9XXA | Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter
T82.9XXD | Unspecified complication of cardiac and vascular prosthetic device, implant and graft, subsequent encounter
T82.9XXS | Unspecified complication of cardiac and vascular prosthetic device, implant and graft, sequela

### References

**CMS National Coverage Determinations (NCDs)**

Related NCD: [NCD 20.7 Percutaneous Transluminal Angioplasty (PTA)]

**CMS Local Coverage Determinations (LCDs) and Articles**

<table>
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<tr>
<th>LCD</th>
<th>Article</th>
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<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<tr>
<td>L34761 Percutaneous Coronary Interventions</td>
<td>A57479 Billing and Coding: Percutaneous Coronary Interventions</td>
<td>WPS</td>
<td>AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</td>
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<td>L33623 Percutaneous Coronary Intervention</td>
<td>A56823 Billing and Coding: Percutaneous Coronary Intervention</td>
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<td>L33557 Cardiac Catheterization and Coronary Angiography</td>
<td>A52850 Billing and Coding: Cardiac Catheterization and Coronary Angiography</td>
<td>NGS</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<td>L33959 Cardiac Catheterization and Coronary Angiography</td>
<td>A56500 Billing and Coding: Cardiac Catheterization and Coronary Angiography</td>
<td>CGS</td>
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</table>
Percutaneous Coronary Interventions

CMS Claims Processing Manual

Chapter 4; § 61.5 Billing for Intracoronary Stent Placement
Chapter 12; § 30 Correct Coding Policy
Chapter 13; § 20 Payment Conditions for Radiology Services

MLN Matters

Article MM10417 Revised, January 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)
Article MM11099 Revised, January 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)

Other(s)

CMS website (CY 2021 Inpatient Only (IPO) List) Addendum E, Final HCPCS Codes that would be paid only as Inpatient Procedure for 2021

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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</table>
| 04/01/2021 | Template Update
              ● Reformatted policy; transferred content to new template                        |
| 02/10/2021 | Supporting Information
              ● Updated References section to reflect the most current information; no change to guidelines
              ● Archived previous policy version MPG235.06                                   |

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

● Medicare coding or billing requirements, and/or
● Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.
These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.