



Coding PCI

General Coding Guidelines for PCI

All PCI codes include:

- Accessing and catheterizing vessel
- Traversing the lesion
- Radiological supervision and interpretation (as it relates to intervention)
- Arteriotomy closure through the access sheath
- Distal embolic protection
- Imaging to document PCI completion

For single artery or branch, use code that describes the most intensive service performed.

Only one base code from this PCI family may be reported for revascularization of a major artery and/or its branches.

PCI performed during the same session in additional major coronary artery(ies) or in/through an additional coronary artery bypass graft(s) should be reported using the applicable major coronary artery code(s).

If a single lesion extends from one target vessel (major coronary artery, coronary artery bypass graft, or coronary artery branch) into another target vessel but can be revascularized with a single intervention bridging the two vessels, this PCI should be reported with a single code despite treating more than one vessel. Modifiers identifying the appropriate artery/branch must be used.

Modifier	Coronary Artery Use Base Codes	Branches Use Add-on codes
LC	Left circumflex	obtuse marginal 1 obtuse marginal 2
LD	Left anterior descending	diagonal 1 diagonal 2
LM	Left main	N/A
RC	Right	posterior descending posterolateral
RI	Ramus Intermedius	N/A

Report diagnostic angiography separately when:

- No prior study is available and decision to perform intervention is based on diagnostic angiography
- Prior imaging exists, but has inadequate visualization, clinical indication has changed, or clinical change requires evaluation of separate area

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CPT® Definitions

Coronary lesion	For the purposes of reporting, a single, distinct coronary lesion starts at the proximal end of the target lesion and ends at the distal end of the target lesion. A single, distinct coronary lesion may involve multiple coronary segments and may extend from a major coronary artery into one of its branches or from a bypass graft into the subtended vessel. For the purposes of reporting, two distinct coronary lesions within one major coronary artery are considered present when the first lesion is geographically separated from the second lesion. For example, a diffuse, single coronary lesion extending from the mid to distal right coronary artery (RCA) treated with two stents constitutes a single, distinct coronary lesion. A coronary lesion in the proximal RCA treated with a single stent and a separate coronary lesion in the distal RCA treated with two stents would be considered two distinct coronary lesions for the purposes of reporting.
Major coronary arteries	The major coronary arteries are the left main, left anterior descending, left circumflex, right, and ramus intermedius arteries. When one segment of a major coronary artery is treated through the native circulation and treatment of another segment of the same artery requires access through a coronary artery bypass graft, the intervention through the bypass graft is reported separately
Coronary artery branches	Up to two coronary artery branches of the left anterior descending (diagonals), left circumflex (marginals), and right (posterior descending, posterolaterals) coronary arteries are recognized. The left main and ramus intermedius coronary arteries do not have recognized branches for reporting purposes
Coronary segments	Coronary segments are recognized portions of each major coronary artery and its branches. For the purposes of coding, coronary segments are defined using the established paradigm used in the National Cardiovascular Data Registry (NCDR®) CathPCI database
Coronary artery bypass grafts	Each coronary artery bypass graft represents a major coronary vessel artery. A sequential or branching bypass graft (eg, Y graft) with more than one distal anastomosis represents only one graft. PCI performed on a major coronary artery(ies) or major coronary artery branches by access through a bypass graft is reported using the bypass graft PCI codes. All bypass graft PCI codes include the use of coronary artery embolic protection devices when performed
Chronic total occlusion	Chronic total occlusion of a coronary vessel is present when there is no antegrade flow through the true lumen, accompanied by suggestive angiographic and clinical criteria (eg, antegrade “bridging” collaterals present, calcification at the occlusion site, no current presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion).

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Primary Codes

92920	Percutaneous transluminal coronary angioplasty; single major artery or branch <ul style="list-style-type: none">• Performed in native coronary artery
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major artery and/or its branches <ul style="list-style-type: none">• Performed in native coronary artery• Includes balloon angioplasty
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major artery and/or its branches; one lesion involving one or more coronary segments <ul style="list-style-type: none">• Performed in native coronary artery• Includes balloon angioplasty• Report when one lesion is treated with one or more stents in a major coronary artery, whether the lesion is confined to one segment or extends across multiple coronary segments• If one stent can be used to bridge a lesion extending across two vessels, report as one lesion
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery and/or its branches <ul style="list-style-type: none">• Performed in native coronary artery• Includes balloon angioplasty
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 branches <ul style="list-style-type: none">• Includes balloon angioplasty• Performed through bypass graft• Only one code should be reported for revascularization of a coronary artery bypass graft, its subtended coronary artery, and branches of the subtended coronary artery• Each coronary bypass graft represents a major coronary artery• Additional intervention requiring access through bypass graft can be billed separately when same artery also requires treatment of native circulation

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- 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
- Includes balloon angioplasty
 - Performed in native coronary artery and/or bypass graft
 - Each bypass graft represents a major coronary vessel
 - Sequential bypass graft and one subtended coronary artery considered one major vessel
 - Additional intervention requiring access through bypass graft can be billed separately when same artery also requires treatment of native circulation
 - PCI for a non-emergent acute coronary syndrome (eg, late-presenting or non-ST-elevation MI without ongoing chest pain) should not be reported with 92941
 - Mechanical aspiration coronary thrombectomy (92973) may be reported separately
- 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
- Includes balloon angioplasty
 - Performed in native coronary artery and/or bypass graft
 - Each bypass graft represents a major coronary vessel
 - Mechanical thrombectomy may be separately reported
- 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 approaches
- Includes balloon angioplasty
 - Performed in native coronary artery and/or bypass graft
 - In addition to the antegrade approach, a wire is advanced via a non-occluded coronary artery and through collateral vessels to cross the occlusion in a retrograde fashion from its distal cap
 - Each bypass graft represents a major coronary vessel · Mechanical thrombectomy may be separately reported

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- 0913T** Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (e.g., drug-coated, drug-eluting), including mechanical dilation by nondrug delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch
- Includes balloon angioplasty
 - Includes coronary angiography
 - Includes intracoronary imaging (IVUS, OCT)

Add-on Codes

92972	Percutaneous transluminal coronary lithotripsy <ul style="list-style-type: none"> • Report in addition to 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945
92973	Percutaneous transluminal coronary mechanical aspiration thrombectomy <ul style="list-style-type: none"> • Report in addition to 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945, 93454-93461, 93563, 93564
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy <ul style="list-style-type: none"> • Report in addition to 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945, 93454-93461
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 <ul style="list-style-type: none"> • Report in addition to 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945, 93454-93461, 93563, 93564 • Report only once per session • Do not report with 0913T, 0914T
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 <ul style="list-style-type: none"> • Report in addition to 92978 • Report once per additional vessel
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel <ul style="list-style-type: none"> • Report in addition to 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945, 93454-93461, 93563, 93564, 93593-93597, 0913T) • Report only once per session • Do not report with 0523T

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93572	<p>Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel</p> <ul style="list-style-type: none"> • Report in addition to 93571 • Report once per additional vessel • Do not report with 0523T
0914T	<p>Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (e.g., drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)</p> <ul style="list-style-type: none"> • Report in addition to 92920, 92924, 92928, 92933, 92937, 92941, 92943 for treatment of a separate targeted lesion • Do not report for same target lesion as other interventions • Includes coronary angiography • Includes intracoronary imaging (IVUS, OCT)

References

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American Medical Association (2014). "Reporting Coronary Therapeutic Services and Procedures (92920-92944)." CPT Assistant Newsletter.

National Government Services, Inc. (2019). "Billing and Coding: Percutaneous Coronary Intervention". Local Coverage Article A56823. Accessed from Article–Billing and Coding: Percutaneous Coronary Intervention (A56823) (cms.gov).

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