

**Subject:** Percutaneous Coronary Interventions

**Medical Policy #:** 9.7

**Status:** Reviewed

**Original Effective Date:** 09/01/2001

**Last Review Date:** 11/16/2022

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

## Description

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.

Intracoronary brachytherapy is used to prevent an artery from re-narrowing after angioplasty or stent placement, by delivering a small amount of radiation to the treated area. The radiation is intended to discourage the overgrowth of normal tissue as the healing process occurs. This treatment may reduce the need for additional angioplasty or bypass surgery due to restenosis.

## Coverage Determination

**Prior Authorization is not required.** However, all claims are subject to retrospective review.

**Caution:** Separation of PCI procedures for the purpose of circumventing the multiple surgery pricing, or for the convenience of physician or hospital scheduling, is considered an inappropriate practice and may subject the services to review and denial for medical necessity.

PHP follows CMS LCD ([L34761](#)), and LCA ([A57479](#)) Percutaneous Coronary Intervention (PCI) for **Medicare, Medicaid, and Commercial**

## Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
+92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
+92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
+92929	Percutaneous transcatheter placement of 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)

<b>CPT Codes</b>	<b>Description</b>
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
+92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
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)
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)
+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)
+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)

<b>HCPCS codes</b>	<b>Description</b>
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPCC051001]

HCPSC codes	Description
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
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting 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)
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
<b>C9607</b>	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

HCPSC Codes	Device codes
C1714	Catheter, transluminal atherectomy, directional
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)
C1874	Stent, coated/covered, with delivery system
C1875	Stent, coated/covered, without delivery system
C1876	Stent, noncoated/noncovered, with delivery system
C1877	Stent, noncoated/noncovered, without delivery system
C1885	Catheter, transluminal angioplasty, laser

<b>ICD-10 Dx Codes</b>	See LCD ( <a href="#">A57479</a> ) for complete listing of covered diagnosis.
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## Reviewed by / Approval Signatures

**Clinical Quality & Utilization Mgmt. Committee:** Gray Clarke MD  
**Senior Medical Director:** David Yu MD  
**Date Approved:** 11/16/2022

## References

1. MCG Health Ambulatory Care, 26<sup>th</sup> Edition, Brachytherapy (Cardiovascular), ACG: A- 0419 (AC), Last update: 08/31/2022. [Cited 10/24/2022]
2. CMS, Local Coverage Determination, Percutaneous Coronary Interventions (L34761), date: 12/30/2021, R#11. [Cited 10/24/2022]
3. CMS Local Coverage Article: Billing and Coding: Percutaneous Coronary Interventions (A57479), Revision date:

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

## Publication History

- 09-27-17: Annual Review. MCG A-0419 accessed. No change. Last review 2/2/17.
- 07-31-19: Annual Review. Title changed from Intracoronary (or Intravascular) Brachytherapy to Percutaneous Coronary Interventions. Changed criteria to follow CMS LCD (L34761). Added CPT.
- 11-18-20 Annual review. Reviewed by PHP Medical Policy Committee on 11-04-20. No change. Continue to follow LCD L34761 for all LOBs. The following device codes were added to policy and will be set to not pay: C1714, C1724, C1725, C1874, C1875, C1876, C1877 and C1885 for Commercial, Medicaid and Medicare. These device codes are bundled into device dependent procedure code.
- 11-17-21 Annual review. Reviewed by PHP Medical Policy Committee on 10/27/2021. No changes to criteria, policy will continue to follow LCD (L34761) and LCA (A57479) for all product line. Configure OPSS Status Indicator **-N-** to not pay for codes C9601, C9603, C9605, C9608 for all product line using [Addendum B, July 2021](#). Reviewed definition of OPSS Status Indicator **-J1-** (for codes: C9600 C9602, C9604, C9607). Codes C9600-C9608 are only billable to Part A. Continue no PA requirement.
- 11-16-22 Annual review. Reviewed by PHP Medical Policy Committee on 10-26-2022. Continue to follow LCD (L34761) and LCA (A57479) for Medicare, Medicaid and Commercial. Remove coverage determination guideline language in policy and reformat to only include LCD/LCA weblinks. Continue no PA requirement.

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.*

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

### **Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*