

# 2014 Coronary Diagnostic and Intervention Coding Sheet



**Reimbursement  
Information Line**  
Tel: 877.347.9662

Patient Name	Date of Birth	Date of Procedure
Referring MD	Dx	

DIAGNOSTIC (NONCONGENITAL)		
Right heart catheterization, including measurements when performed		93451
Left heart catheterization, including left ventriculography when performed		93452
Combined left and right heart catheterization, including left ventriculography when performed		93453
Coronary angiography only, without left or right heart catheterization		93454
Coronary angiography without left or right heart cath, with angiography of bypass graft(s)		93455
Coronary angiography with right heart cath		93456
Coronary angiography with angiography of bypass graft(s) and right heart cath		93457
Coronary angiography with left heart cath, including left ventriculography, when performed		93458
Coronary angiography with left heart cath with angiography of bypass graft(s) including left ventriculography when performed		93459
Coronary angiography with left and right heart cath, including left ventriculography when performed		93460
Coronary angiography with left and right heart cath, with angiography of bypass graft(s) including left ventriculography when performed		93461
NOTES		
All diagnostic codes, with the exception of right heart cath 93451, are bundled to include catheter placement, injection and supervision & interpretation.		

DIAGNOSTIC (CONGENITAL)		
Right heart catheterization, for congenital cardiac anomalies		93530
Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies		93531
Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies		93532
Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies		93533
Injection procedure, including S&I, for selective coronary angiography during CONGENITAL heart cath		93563 (+)
Injection procedure, including S&I, for selective angiography of venous or arterial bypass graft(s) during CONGENITAL cath		93564 (+)
Injection procedure, including S&I, for selective left ventricular or left atrial angiography during CONGENITAL heart cath		93565 (+)
NOTES		
Anomalous coronary arteries, PFO, MVP and bicuspid aortic valve are not considered congenital cardiac anomalies for coding purposes and are assigned to the regular diagnostic codes 93451–93461.		

ADDITIONAL INJECTIONS		
Injection procedure for selective right ventricular or right atrial angiography		93566 (+)
Injection procedure for supraaortic aortography		93567 (+)
Injection procedure for pulmonary angiography		93568 (+)
NOTES		
These injection codes can be added to both the regular diagnostic catheterization codes and to the congenital catheterization codes. Refer to CPT AMA 2014 for specifics.		

MISCELLANEOUS		
Conscious sedation		99143–99150
Closure device		G0269

ADDITIONAL PROCEDURES		
Intravascular ultrasound (coronary vessel or graft), initial vessel		92978 (+)
Intravascular ultrasound (coronary vessel or graft), each additional vessel		92979 (+)
Left heart catheterization by transseptal puncture		93462 (+)
Pharmacologic agent administration including hemodynamic measurements*		93463 (+)
Physiologic exercise study including hemodynamic measurements		93464 (+)
Insertion and placement of flow-directed catheter for monitoring purposes (Swan-Ganz)		93503
Endomyocardial biopsy		93505
Indicator dilution studies including arterial and/or venous catheterization, with cardiac output measurement (separate procedure)		93561
Indicator dilution studies, subsequent measurement of cardiac output		93562
Intravascular Doppler velocity and/or pressure-derived coronary flow reserve measurement, during coronary angiography, initial vessel		93571 (+)
Intravascular Doppler velocity and/or pressure-derived coronary flow reserve measurement, during coronary angiography, each additional vessel		93572 (+)
Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to cath insertion during cardiac cath or coronary angiography		G0278
NOTES		
*Report 93463 only once per left or right heart cath procedure. Code 93463 can be reported with transcatheter closure of septal defect but may <b>not</b> be reported with coronary artery interventions such as thrombolysis, angioplasty, atherectomy or stenting.		

SELECTED INTERVENTIONS		
<b>Coronary artery angioplasty, stent insertion and atherectomy are shown on Page 2</b>		
Percutaneous transluminal coronary thrombectomy, mechanical*		92973 (+)
Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy		92974 (+)
Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography		92975
Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel		92997
Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel		92998(+)
NOTES		
* Code 92973 can only be used for mechanical thrombectomy, e.g., via angiojet. Aspiration thrombectomy is not separately codable.		

## MAJOR CORONARY ARTERIES AND BRANCHES

- The PCI codes are set up as base codes and add-on codes.
- Base codes are assigned for the five major coronary arteries.
- Add-on codes are assigned for branches of the major coronary arteries. Only two branches of each major coronary artery can be coded.

Major Coronary Artery	Modifier	Branches
Left main coronary artery	LM	none
Left anterior descending coronary artery	LD	diagonal 1 diagonal 2
Left circumflex coronary artery	LC	obtuse marginal 1 obtuse marginal 2
Right coronary artery	RC	right posterior descending right posterolateral
Ramus intermedius coronary artery	RI	none

## BASIC CODING RULES

**All PCI codes are bundled and include vascular access, selective catheterization, traversing the lesion, radiological S&I, completion imaging and closure.**

- PCI within a single major artery is reported with one code, regardless of whether several discrete lesions were treated.
- For PCI on a major artery and one of its branches, a base code and an add-on code are assigned.
- For PCI on two different major arteries, two base codes are assigned. Use modifiers to differentiate the major arteries.
- For PCI on a major artery and the branch of another, two base codes are assigned.
- When a single lesion bridges two vessels but is treated with a single intervention, only one code is reported.
- When bifurcation lesions are treated, intervention codes are reported for both vessels.
- Cardiac catheterization and coronary angiography may be coded separately only when specifically diagnostic.

MAJOR CORONARY VESSELS & THEIR BRANCHES												PERCUTANEOUS CORONARY INTERVENTIONS				2014 FAC RVUs				HOSPITAL CODING
Left Main (LM)	Ramus (RI)	LAD (LD)	LAD: Diag.	LAD: Diag.	Lt Circ (LC)	LC: Marg.	LC: Marg.	Rt Cor (RC)	RC: PD	RC: PL	# Units	CPT 2014	Description	Work	PE	MP	TOTAL	HCPCS II		
Angioplasty																				
												92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	10.10	3.48	2.09	15.67	Note: Hospitals use the regular CPT stent codes to report placement of non-drug-eluting stents only. They use the HCPCS "C codes" below to report placement of drug-eluting stents.  Physicians do not use C codes and report the regular CPT codes for placement of all stents.		
												92921 (+)	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery	bundled for physicians						
Atherectomy (with angioplasty, if performed)																				
												92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	11.99	4.15	2.50	18.64			
												92925 (+)	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery	bundled for physicians						
Stent placement (with angioplasty, if performed)																				
												92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	11.21	3.85	2.34	17.40	C9600 - Perc drug-eluting cor stent; single vessel		
												92929 (+)	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery	bundled for physicians				C9601 - Perc drug-eluting cor stent; each additional branch		
Stent placement and atherectomy (with angioplasty, if performed)																				
												92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	12.54	4.31	2.62	19.47	C9602 - Perc drug-eluting cor stent and atherectomy; single vessel		
												92934 (+)	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery	bundled for physicians				C9603 - Perc drug-eluting cor stent and atherectomy; each additional branch		
Any PCI, coronary bypass graft																				
												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	11.20	3.85	2.34	17.39	C9604 - Perc drug-eluting cor revasc of or through CABG; 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	bundled for physicians				C9605 - Perc drug-eluting cor revasc of or through CABG; each additional branch		
Any PCI, during AMI																				
												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	12.56	4.32	2.63	19.51	C9606 - Perc drug-eluting cor w/ AMI; single vessel		
Any PCI, chronic total occlusion																				
												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	12.56	4.32	2.63	19.51	C9607 - Perc drug-eluting cor revasc CTO; 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	bundled for physicians				C9608 - Perc drug-eluting cor revasc CTO; each additional vessel		

Sources: 2014 CPT Codes AMA; 2014 HOPPS Final Rule; 2014 MPFS Final Rule. Refer to 2014 CPT book for complete CPT code descriptions. CPT is a trademark of the American Medical Association.