

Three tables follow listing the national Medicare payments for certain coronary interventional procedures. To accurately report a coronary intervention, multiple/additional codes may be needed.

### Coronary Laser Atherectomy

### 2009

#### Physician Payments

These payments are for procedures performed in the hospital/ASC setting.

ICD-9 DIAGNOSIS	CPT CODE	PHYSICIAN PAYMENT	DESCRIPTION
410.00 - 410.92			Acute myocardial infarction
411.0			Post myocardial infarction syndrome
411.1			Intermediate coronary syndrome, unstable angina
411.81			Acute coronary occlusion without myocardial infarction
411.89			Other acute and subacute forms of ischemic heart disease
413.0 - 413.9			Angina
414.00 - 414.07			Coronary atherosclerosis
414.2			Chronic total occlusion of coronary artery
414.8			Other specified forms of chronic ischemic heart disease
	92980	\$848	Transcatheter placement of an intra-coronary stent; percutaneous; single vessel
	92981	\$236	Transcatheter placement of an intra-coronary stent; percutaneous; each additional vessel
	92982	\$629	Percutaneous transluminal coronary balloon angioplasty; single vessel
	92984	\$168	Percutaneous transluminal coronary balloon angioplasty; each additional vessel
	92995	\$693	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
	92996	\$180	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel

#### Hospital Inpatient Payments

ICD-9 DIAGNOSIS	ICD-9 PROCEDURE	DRG	MS-DRG PAYMENT	DESCRIPTION
410.00 - 410.92				Acute myocardial infarction
411.0				Post myocardial infarction syndrome
411.1				Intermediate coronary syndrome, unstable angina
411.81				Coronary occlusion without myocardial infarction
411.89				Other acute and subacute forms of ischemic heart disease
413.0 - 413.9				Angina
414.00 - 414.07				Coronary atherosclerosis
414.2				Chronic total occlusion of coronary artery
414.8				Other specified forms of chronic ischemic heart disease
	00.66			Percutaneous transluminal coronary angioplasty (PTCA) or coronary atherectomy
	00.40			Procedure on single vessel
	00.41			Procedure on two vessels
	00.42			Procedure on three vessels
	00.43			Procedure on four or more vessels
		246	\$17,460	Percutaneous CV procedure w/ drug-eluting stent w/ MCC
		247	\$10,612	Percutaneous CV procedure w/ drug-eluting stent w/o MCC
		248	\$15,562	Percutaneous CV procedure w/ non-drug-eluting stent w/ MCC
		249	\$9,097	Percutaneous CV procedure w/ non-drug-eluting stent w/o MCC
		250	\$16,598	Percutaneous CV procedure w/o coronary artery stent or AMI w/ MCC
		251	\$8,899	Percutaneous CV procedure w/o coronary artery stent or AMI w/o MCC

# Coronary Laser Atherectomy

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## Hospital Outpatient Payments

ICD-9 DIAGNOSIS	CPT CODE	APC CODE	APC PAYMENT	DESCRIPTION
410.00 - 410.92				Acute myocardial infarction
411.0				Post myocardial infarction syndrome
411.1				Intermediate coronary syndrome, unstable angina
411.81				Coronary occlusion without myocardial infarction
411.89				Other acute and subacute forms of ischemic heart disease
413.0 - 413.9				Angina
414.00 - 414.07				Coronary atherosclerosis
414.2				Chronic total occlusion of coronary artery
414.8				Other specified forms of chronic ischemic heart disease
	92980	0104	\$5,638	Transcatheter placement of an intra-coronary stent; percutaneous; single vessel
	92981	0104	\$5,638	Transcatheter placement of an intra-coronary stent; percutaneous; each additional vessel
	92982	0083	\$3,195	Percutaneous transluminal coronary balloon angioplasty; single vessel
	92984	0083	\$3,195	Percutaneous transluminal coronary balloon angioplasty; each additional vessel
	92995	0082	\$5,962	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
	92996	0082	\$5,962	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel
	G0290	0656	\$7,669	Transcatheter placement of drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
	G0291	0656	\$7,669	Transcatheter placement of drug eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel

HCPCS	CPT CODE	DESCRIPTION	CPT CODE	DESCRIPTION
	C1885	ELCA® Laser Ablation Catheter	C1769	SafeCross TLX™ RF CTO Crossing Wire
	C1887	Quick-Cross® Support Catheter	C1757	QuickCat™ Extraction Catheter

All codes supplied in this guide are for information purposes only and represent no statement or guarantee by The Spectranetics Corporation that these codes will be appropriate or that reimbursement will be made in a particular situation. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. All coding and reimbursement information is subject to change without notice, and specific payers may have their own coding and reimbursement requirements and policies. Listed Medicare payments are unadjusted national rates, and actual rates will vary by locality and provider characteristics.

It is recommended that providers stay current with NCCI coding manual narratives and edits. Before filing any claims, providers should verify current requirements and policies with the payer.

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#### Sources:

- International Classification of Diseases (ICD-9-CM) 2008, Hospital Volumes 1, 2, and 3, 9th Revision-Clinical Modification.
- 2009 National Physician Fee Schedule Relative Value File. January 2009 release. This file contains the revisions identified in the Physician Fee Schedule Final Regulation published November 2008.
- Outpatient Prospective Payment System CY 2009 Final Rule, Federal Register, Vol 73, No. 223, November 18, 2008. Inpatient Prospective Payment System CY 2009 Final Rule, Federal Register, Vol 73, No. 193, October 3, 2008.



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