

CORONARY INTRAVASCULAR LITHOTRIPSY (IVL) & PERCUTANEOUS CORONARY INTERVENTION (PCI)

2024 Medicare Hospital Inpatient Reimbursement Coding and Payment Guide

OVERVIEW

The Medicare Inpatient Prospective Payment System (IPPS) Fiscal Year 2024 final rule contains several important updates regarding PCI procedures for Medicare patients within the hospital inpatient setting. Among the changes are the establishment of new Medicare Severity Diagnosis Related Group (MS-DRG) codes specific to Coronary IVL. These updates are effective October 1, 2023.

Previously for Fiscal Years 2022 and 2023, Coronary IVL was reimbursed via a New Technology Add-On Payment (NTAP), which provided an incremental payment of up to \$3,666 in addition to the relevant MS-DRG payment for a PCI procedure. The NTAP for Coronary IVL will expire at the end of FY2023 on September 30, 2023.

Effective for FY2024, three new MS-DRGs specific to Coronary IVL have been created for PCI procedures involving Coronary IVL in the hospital inpatient setting. Assignment into these IVL specific MS-DRGs will be based on the patient's diagnosis and IVL specific ICD-10-PCS code included on the claim form (see below).

Additionally, the final 2024 IPPS rule consolidates the prior four MS-DRGs involving PCI with implant of a stent into two MS-DRGs, removing a previous distinction between stent type – Drug Eluting Stent (DES) or Bare Metal Stent (BMS). Please see below for more information.

NEW CORONARY IVL MS-DRGs

Medicare reimburses inpatient care under the FY2024 Inpatient Prospective Payment System (IPPS) which utilizes the MS-DRG system for payment. Effective October 1, 2023, when Coronary IVL is performed in the hospital inpatient setting with or without stent placement (any type), facilities are assigned one of the MS-DRG codes listed below. Performance of additional procedures may change the MS-DRG assignment.

MS-DRG	Descriptor	Medicare FY2024 Payment ²
323	Coronary IVL with Intraluminal Device with MCC ¹	\$28,987
324	Coronary IVL with Intraluminal Device without MCC ¹	\$20,785
325	Coronary IVL without Intraluminal Device without CC/MCC ¹	\$18,514

¹MCC: Major Complications and Comorbidities; CC: Complications and Comorbidities.

²CMS-1785-F; National Average MS-DRG rates shown are based on Medicare Inpatient Prospective Payment System FY2024 Final Rule, Table 5. National average payment rates assume full update amount for hospitals which have submitted quality data and hospitals have a wage index greater than 1. Site specific payment rates will vary based on regional area wage differences, teaching hospital status, indirect medical education costs, quality data, additional payments to hospitals that treat a large percentage of low income patients ("disproportionate share payments"), etc.

The following ICD-10-PCS codes are specific to procedures involving the use of IVL on one or more coronary arteries. Codes associated with stent procedures as well any other procedures performed may also be applicable.

ICD-10-PCS Code	Descriptor
02F03ZZ	Fragmentation in coronary artery, one artery, percutaneous approach
02F13ZZ	Fragmentation in coronary artery, two arteries percutaneous approach
02F23ZZ	Fragmentation in coronary artery, three arteries, percutaneous approach
02F33ZZ	Fragmentation in coronary artery, four or more arteries, percutaneous approach

CONSOLIDATION OF MS-DRGs FOR PCI WITH STENT

The final 2024 IPPS rule consolidates the four PCI MS-DRGs involving stent placement, previously split by stent type (DES, BMS), into two MS-DRGs that include the implant of any stent. PCI procedures involving atherectomy within the hospital inpatient setting will map to the newly consolidated MS-DRG codes. The 2024 IPPS rule includes the same MS-DRG for PCI without stent placement as the prior year with updated payments.

MS-DRG FOR PCI WITH STENT PLACEMENT

MS-DRG	Descriptor	Medicare FY2024 Payment ²
321	PCI with intraluminal device with MCC ¹ or 4+ arteries	\$20,127
322	PCI with intraluminal device without MCC ¹	\$12,767

MS-DRG FOR PCI WITHOUT STENT PLACEMENT

MS-DRG	Descriptor	Medicare FY2024 Payment ²
250	PCI without intraluminal device with MCC ¹	\$16,526
251	PCI without intraluminal device without MCC ¹	\$11,168

¹MCC: Major Complications and Comorbidities; CC: Complications and Comorbidities.

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QUESTIONS? CONNECT WITH A SHOCKWAVE MEDICAL REIMBURSEMENT SPECIALIST

The Shockwave Medical Reimbursement team is available to answer questions regarding the above updates. The Shockwave Reimbursement Specialist team can be contact by phone at (877) 273-4628 or email at reimbursement@shockwavemedical.com.

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