



Proposed Items for CY2026 HOP

Propose to assign 92X01 and 92X02 to APC 5194

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Propose to assign new CPT codes 92X01 and 92X02 to APC 5194 (Level 4)

- **CMS proposed to assign two the following two new CPT codes to APC 5193 (Level 3) for CY2026**
 - **92X01** (Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch) – **complex stenting**
 - **92X02** (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) – **complex CTO**
- Both codes represent **more complex** procedures compared to their non-complex counterparts, likely associated with **higher resource utilization**
- Boston Scientific recommends assignment of **APC 5194 (Level 4)** based on **clinical coherence**



Complex vs. Non-complex

Stent	Code description	Clinical	APC	CTO	Code description	Clinical	APC
92X01 – Complex Stenting	<ul style="list-style-type: none">- Two or more lesions bifurcation	<ul style="list-style-type: none">- Increased procedural time- Higher risk, e.g. radiation, contrast media (kidney injury)- Increased resource utilization, left ventricular support device, anesthesiologist in cath-lab, multiple devices, different techniques that require several steps	CMS proposal: APC 5194 BSC proposal: APC 5194	92X02 – Complex CTO	Antegrade & retrograde combined approach	<ul style="list-style-type: none">- Retrograde is inherently complex; more complex when antegrade and retrograde are combined- Higher risk, contrast, kidney injury, radiation, coronary perforation- Increased procedural time and resources utilization, multiple guidewires, microcatheters	CMS proposal APC 5193 BSC proposal APC 5194
92928 Non-Complex Stenting	<ul style="list-style-type: none">- Single artery- One lesion	<ul style="list-style-type: none">- Less complex, lower risk & resource utilization	Current at Level 3	92943 Non- complex CTO <ul style="list-style-type: none">• Volume 23.48% all CTO	Antegrade	<ul style="list-style-type: none">- Less complex, lower risk & resource utilization	Level 3
				C9607 CTO w/ DES (highest volume for CTO) <ul style="list-style-type: none">• Volume 76.52% all CTO			Level 4

Conclusion: CMS should propose to assign 92X01 and 92X02 to APC 5194 (Level 4) for CY2026