

Coronary IVL 2025 Hospital Inpatient Reimbursement

The Medicare Inpatient Prospective Payment System (IPPS) Fiscal Year 2025 (FY2025) final rule contains several payment updates regarding Percutaneous Coronary Intervention (PCI) procedures for Medicare patients within the hospital inpatient setting.

The FY2025 Medicare Base Payment Rates for inpatient Coronary IVL and standard PCI procedures described in the below table are effective starting October 1, 2024. As compared to the prior year, the payments associated with Coronary IVL MS-DRGs have increased by ~\$2K and the incremental payment between standard PCI and Coronary IVL with stent procedures has increased to ~\$10,000. Hospital-specific rates will vary.

PCI with stent procedures utilizing alternative plaque modification therapies such as atherectomy, cutting or scoring balloons without the adjunctive use of Coronary IVL will map to PCI MS-DRGs 321-322. Please see the below table for more information.

FY2025 Payment Updates for Coronary IVL and PCI Procedures Effective October 1, 2024

PCI with Stent Placement		
MS-DRG	Description	FY2025 Medicare National Base Payment ²
321	PCI with intraluminal device or 4+ arteries with MCC ¹	\$20,260
322	PCI with intraluminal device with CC/None ¹	\$12,875

Coronary IVL with Stent Placement		
MS-DRG	Description	FY2025 Medicare National Base Payment ²
323	IVL with intraluminal device with MCC ¹	\$30,313
324	IVL with intraluminal device with CC/None ¹	\$22,793

PCI without Stent		
MS-DRG	Description	FY2025 Medicare National Base Payment ²
250	PCI without intraluminal device with MCC ¹	\$16,460
251	PCI without intraluminal device with CC/None ¹	\$11,120

Coronary IVL without Stent Placement [*]		
MS-DRG	Description	FY2025 Medicare National Base Payment ²
325	IVL without intraluminal device	\$20,369

^{*}Coronary IVL is indicated for use prior to stent implantation

Peripheral IVL 2025 Hospital Inpatient Reimbursement

The Medicare Inpatient Prospective Payment System (IPPS) Fiscal Year 2025 (FY2025) final rule contains payment updates for Medicare patients within the hospital inpatient setting when Peripheral IVL is performed in peripheral procedures. The FY2025 Medicare Base Payment Rates are effective starting October 1, 2024.

As compared to the prior year, the new rates associated with the Peripheral IVL MS-DRGs 278 & 279 result in a national base payment increase of \$4,376 for patients with MCC¹ and \$395 for patients with CC/none¹ for peripheral interventions.

In addition, the incremental payment between the Peripheral Procedures MS-DRG 250 series, which includes PTA, DCB, Stents (Covered, BMS, DES), and Peripheral IVL MS-DRGs 278 & 279 ranges from ~\$4,600 to ~\$11,000.* Hospital-specific rates will vary.

FY2025 Payment Updates for Peripheral IVL and Peripheral Procedures Effective October 1, 2024

Peripheral Procedures			Peripheral IVL		
MS-DRG	Description	FY2025 Medicare National Base Payment ²	MS-DRG	Description	FY2025 Medicare National Base Payment ²
252	Other vascular procedures with MCC ¹	\$24,413	278	Ultrasound accelerated and other thrombolysis of peripheral vascular structures with MCC ¹	\$35,606
253	Other vascular procedures with CC ¹	\$18,169	279	Ultrasound accelerated and other thrombolysis of peripheral vascular structures with CC/None ¹	\$22,804
254	Other vascular procedures with None ¹	\$12,450			

*When peripheral procedures include peripheral atherectomy, MS-DRGs 270, 271, and 272 may be used.

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

²CMS-1808-F; National Average MS-DRG rates shown are based on Medicare Inpatient Prospective Payment System FY2025 Final Rule, Table 1 & 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.

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