



AGENT™

Drug-Coated Balloon

2024 AGENT™ Inpatient Coding & Payment Quick Reference

New ICD-10 PCS Procedure Codes Effective 10/1/2024

Hospital inpatient claims must contain the appropriate ICD-10-PCS code(s) to indicate the services that performed. The table below contains a list of possible ICD-10-PCS codes that may be used to bill for AGENT coronary interventions.

The new ICD-10-PCS codes are designated as non-OR they will need to be reported in addition to the primary coronary intervention ICD-10-PCS code for appropriate DRG assignment.

Table 1 Updated ICD-10-PCS Codes and Descriptions

ICD-10 PCS code	Description
XW0J3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3KA	Introduction of paclitaxel-coated balloon technology, three balloons into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, one artery, percutaneous approach, new technology group 10
XW0K3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3KA	Introduction of paclitaxel-coated balloon technology, three balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0L3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0L3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, three arteries, percutaneous approach, new technology group 10

(continues)



Table 1 Updated ICD-10-PCS Codes and Descriptions *(continued)*

ICD-10 PCS code	Description
XW0L3KA	Introduction of paclitaxel-coated balloon technology, three balloons into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0L3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0M3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, four or more arteries, percutaneous approach, new technology group 10

Hospital Inpatient Payment – Medicare

MS-DRG assignment is based on a combination of the diagnoses and procedure codes reported. While MS-DRGs listed in this guide represent likely assignments, Boston Scientific cannot guarantee assignment to any one specific MS-DRG.

All rates shown are 2024 Medicare national averages; actual rates will vary geographically and/or by individual facility.

Table 2 Possible MS-DRG Assignment and Rates

MS-DRG assignment	Description	MS-DRG rate
PCI without intraluminal device + AGENT DCB		
250	PCI without intraluminal device w MCC	\$ 16,459
251	PCI without intraluminal device w/o MCC	\$ 11,111
PCI with intraluminal device + AGENT DCB		
321	PCI with intraluminal device w MCC or 4+arteries	\$ 20,127
322	PCI with intraluminal device w/o MCC	\$ 12,767
Procedures with Intravascular Lithotripsy (IVL) + AGENT DCB		
323	Coronary IVL with intraluminal device w MCC	\$ 28,987
324	Coronary IVL with intraluminal device w/o MCC	\$ 20,785
325	Coronary IVL without intraluminal device w/o CC/MCC	\$ 18,514



If you have questions or would like additional information, please email: IC.Reimbursement@BSCI.com

Important Information

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Information included herein is current as of January 2024 but is subject to change without notice. Rates for services are effective January 1, 2023.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

References

1. CMS. FY2025 Hospital Inpatient Prospective Payment System, CMS-1808-F

Sequestration Disclaimer

Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2024.

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