



AGENT™

Coronary Drug-Coated Balloon

**Boston
Scientific**
Advancing science for life™

In-stent Restenosis (ISR) Diagnosis Coding

On February 29th, 2024, AGENT™ Coronary Drug-Coated Balloon was approved by the FDA for ISR. Diagnosis code **T82.855A** (Stenosis of coronary artery stent, initial encounter) is the ICD-10-CM diagnosis code for ISR.

As AGENT™ is FDA approved for use for ISR, it is recommended to append diagnosis code **T82.855A** to AGENT™ coronary intervention procedures to prevent any potential issues related to coverage policies.

T82.855A can either be the primary diagnosis or additional diagnosis, per correct coding guidelines if the reason for the restenosis is due to progression of the disease, assign the appropriate disease code as primary.

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

Important Information

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice.

Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered.

It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside their FDA-approved label.

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. Current Procedural Terminology (CPT) © 2024 American Medical Association. All rights reserved.

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