



AGENT™

Coronary Drug-Coated Balloon

Inpatient Coding for Heart Failure Comorbidity

Heart failure is a frequent comorbidity in patients being treated for ISR (in-stent restenosis). There are thirteen heart failure diagnosis codes, nine that are clinically detailed and four that are unspecified. When assigning a heart failure diagnosis code to a case it is important to select a clinically detailed code that applies to the patient's type of heart failure.

What is an MCC? (major complication or comorbidities) MCC's are diagnosis defined by CMS as more resource intensive and qualified to receive a higher DRG (diagnostic related group) reimbursement rate for the inpatient stay.

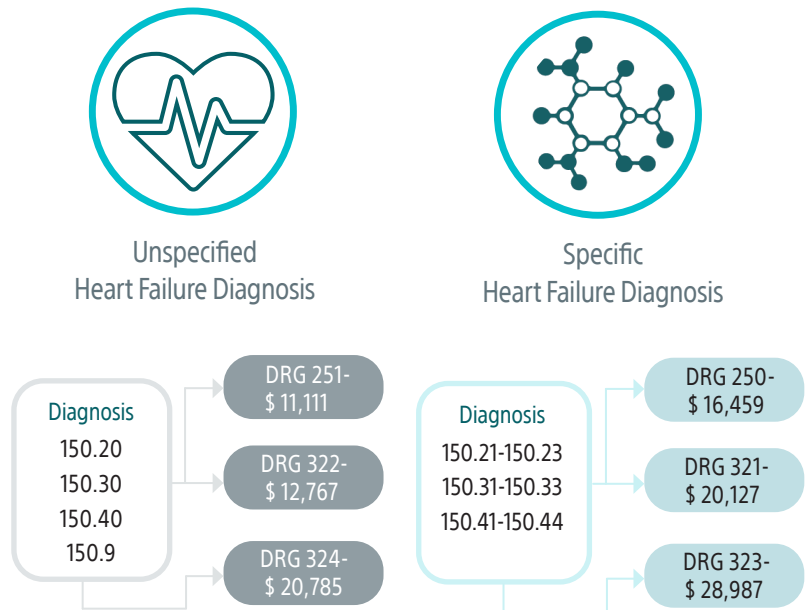
Why is this important? The heart failure unspecified diagnosis are not MCC's, the clinically specific ones are. The DRG reimbursement difference can be significant.

Unspecified heart failure diagnosis codes on average will reimburse **\$6,970 less** than a specific heart failure diagnosis. See Table 2 below.

Table 1 Heart Failure Diagnostic Codes

DX code	Description	MCC
Heart Failure		
150.20	Unspecified systolic	N
150.21	Acute systolic	Y
150.22	Chronic systolic	Y
150.23	Acute on chronic systolic	Y
150.30	Unspecified diastolic	N
150.31	Acute diastolic	Y
150.32	Chronic diastolic	Y
150.33	Acute on chronic diastolic	Y
150.40	Unspecified combined systolic and diastolic	N
150.41	Acute combined diastolic and systolic	Y
150.42	Chronic combined diastolic and systolic	Y
150.43	Acute on chronic combined diastolic and systolic	Y
150.9	Unspecified HF	N

Table 2 Unspecified Heart Failure Diagnosis vs Specific Heart Failure Diagnosis Reimbursement Comparison





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

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