



## HCPCS C-Code Use in the Outpatient Hospital Setting

Effective January 1, 2025, there is a new HCPCS C-code to describe the AGENT<sup>™</sup> drug-coated balloon.

**C9610:** Catheter transluminal drug delivery with or without angioplasty, coronary, non-laser; (insertable)

**C9610** is reported by the facility for procedures done in the outpatient setting.

**C9610** also qualifies for the new technology transitional pass-through (TPT) payment.

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

## Important Information

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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.

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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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## References

CMS. CY2025 Hospital Outpatient Prospective Payment System, Final Rule: CMS-1809-FC, Addenda C