



AGENT™

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 patients type of heart failure.

What is an MCC? (Major complication or comorbidity) 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.

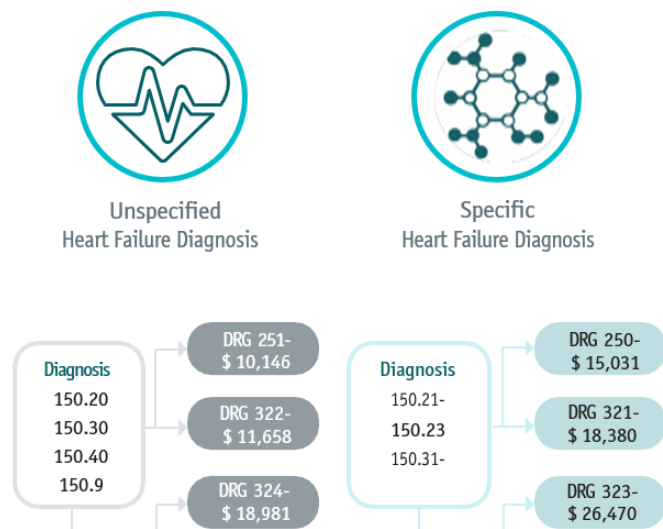
Why is this important? The heart failure unspecific diagnosis codes are not MCC's, the clinically specific diagnosis codes are. The DRG reimbursement difference can be significant.

Unspecified heart failure diagnosis codes on average will reimburse **-\$6,365 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 Heart Failure Diagnosis Reimbursement Comparison



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

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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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