



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 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.

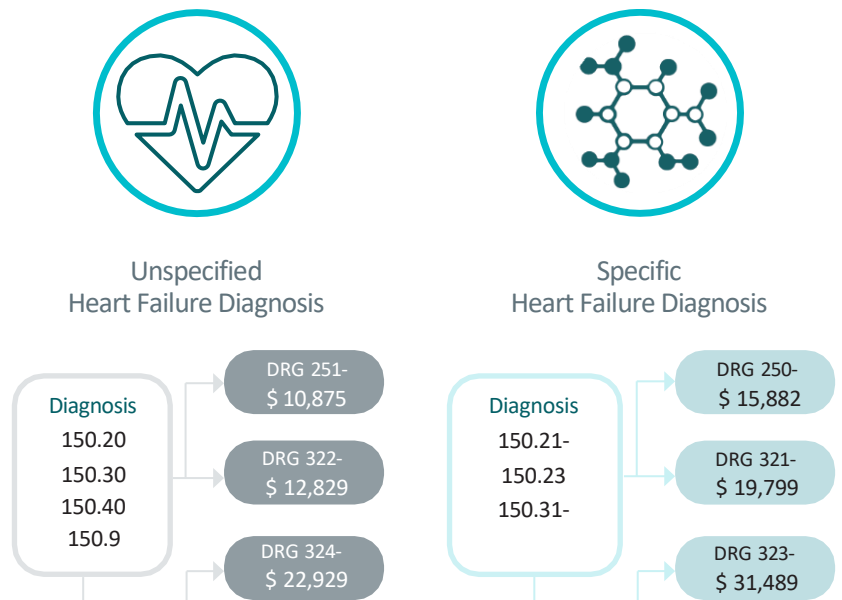
Why is this important? The heart failure unspecified diagnosis are not MCC's, the clinically specific ones are. The DRG reimbursement difference can be significant.

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
Unspecified diastolic		
150.30	Unspecified diastolic	N
150.31	Acute diastolic	Y
150.32	Chronic diastolic	Y
150.33	Acute on chronic diastolic	Y
Unspecified combined systolic and diastolic		
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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Information included herein is current as of October 2025 but is subject to change without notice. MS-DRG rates are effective October 1, 2025, and set to expire on September 30, 2026.

Sequestration Disclaimer: Rates referenced in these guides do not reflect Sequestration.

References:

Source: CMS. FY 2026 IPPS Final Rule: CMS-1833-F, including data files. National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor, and capital amounts. Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients). Effective through September 30, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipp-pps-final-rule-home-page>