



## FY2026 Inpatient Coding & Payment Quick Reference

### AGENT™ Drug-Coated Balloon

**Coding and Payment for Medicare Reimbursement:** The following are the FY2026 codes and Medicare national average payment rates for coronary therapies procedures involving coronary drug-coated balloon performed in an inpatient hospital setting. Actual rates will vary by hospital.

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.

### Indications for Use

The AGENT Drug-Coated Balloon (DCB) is intended to be used after appropriate vessel preparation in adult patients undergoing percutaneous coronary intervention (PCI) for the purpose of improving myocardial perfusion when treating in-stent restenosis (ISR).

ICD-10-PCS Code	Procedure and Code Description	Possible MS-DRG Assignment	
<b>Angioplasty with Coronary DCB</b>		<b>DRG's</b>	<b>National Average Rate</b>
027_3ZZ +XW0_3_A	Dilation of coronary artery, one to four or more arteries Introduction of paclitaxel-coated balloon(s)	MS-DRG 250 with MCC MS-DRG 251 without MCC	\$15,882 \$10,875
<b>Angioplasty with stent and Coronary DCB</b>		<b>DRG's</b>	<b>National Average Rate</b>
02703_Z +XW0_3_A	Dilation of coronary artery, one to four arteries, with stent Introduction of paclitaxel-coated balloon(s)	MS-DRG 321 with MCC or 4+ MS-DRG 322 without MCC	\$19,799 \$12,829
<b>Atherectomy with Coronary DCB <i>without</i> stent</b>		<b>DRG's</b>	<b>National Average Rate</b>
027_3ZZ 02C_3ZZ +XW0_3_A	Dilation of coronary artery, one to four or more arteries Extirpation of matter, one to four or more arteries Introduction of paclitaxel-coated balloon(s)	MS-DRG 318	\$17,626
<b>Atherectomy with stent and Coronary DCB</b>		<b>DRG's</b>	<b>National Average Rate</b>
02703_Z 02C_3ZZ +XW0_3_A	Dilation of coronary artery, one to four arteries, with stent Extirpation of matter, one to four or more arteries, with stent Introduction of paclitaxel-coated balloon(s)	MS-DRG 359 with MCC MS-DRG 360 without MCC	\$25,022 \$17,568

<b>Bypass Graft with stent and Coronary DCB</b>		<b>DRG's</b>	<b>National Average Rate</b>
02703_Z 02C_3ZZ +XW0_3_A	Dilation of coronary artery, one to four arteries, with stent Extirpation of matter, one to four or more arteries, with stent Introduction of paclitaxel-coated balloon(s)	MS-DRG 321 with MCC or 4+ MS-DRG 322 without MCC	\$19,799 \$12,829
<b>Acute Myocardial Infarction with stent and Coronary DCB</b>		<b>DRG's</b>	<b>National Average Rate</b>
02703_Z 02C_3ZZ +XW0_3_A	Dilation of coronary artery, one to four arteries, with stent Extirpation of matter, one to four or more arteries, with stent Introduction of paclitaxel-coated balloon(s)	MS-DRG 321 with MCC or 4+ MS-DRG 322 without MCC	\$19,799 \$12,829
<b>Chronic Total Occlusion with stent and Coronary DCB</b>		<b>DRG's</b>	<b>National Average Rate</b>
02703_Z 02C_3ZZ +XW0_3_A	Dilation of coronary artery, one to four arteries, with stent Extirpation of matter, one to four or more arteries, with stent Introduction of paclitaxel-coated balloon(s)	MS-DRG 321 with MCC or 4+ MS-DRG 322 without MCC	\$19,799 \$12,829
<b>Intravascular Lithotripsy (IVL) with stent and Coronary DCB</b>		<b>DRG's</b>	<b>National Average Rate</b>
02F03ZZ 02F13ZZ 02F23ZZ 02F33ZZ +XW0_3_A	Fragmentation in coronary artery, one artery Fragmentation in coronary artery, two arteries Fragmentation in coronary artery, three arteries Fragmentation in coronary artery, four or more arteries Introduction of paclitaxel-coated balloon(s)	MS-DRG 323 with MCC or 4+ MS-DRG 324 without MCC  MS-DRG 325 without MCC without stent	\$31,489 \$22,929 \$23,361
<b>ICD-10-PCS Codes</b>	<b>Description</b>		
<b>Dilation</b>			
02703ZZ	Dilation of coronary artery, one artery		
02713ZZ	Dilation of coronary artery, two arteries		
02723ZZ	Dilation of coronary artery, three arteries		
02733ZZ	Dilation of coronary artery, four or more arteries		
<b>Dilation with stent</b>			
027034Z	Dilation of coronary artery, one artery, with drug eluting intraluminal device		
027035Z	Dilation of coronary artery, two arteries, with drug eluting intraluminal device		
027036Z	Dilation of coronary artery, three arteries, with drug eluting intraluminal device		
027037Z	Dilation of coronary artery, four or more arteries, with drug eluting intraluminal device		
<b>Extirpation</b>			

02C03ZZ	Extirpation of matter from coronary artery, one artery
02C13ZZ	Extirpation of matter from coronary artery, two arteries
02C23ZZ	Extirpation of matter from coronary artery, three arteries
02C33ZZ	Extirpation of matter from coronary artery, four or more arteries
<b>Lithotripsy (IVL)</b>	
02F03ZZ	Fragmentation in coronary artery, one artery
02F13ZZ	Fragmentation in coronary artery, two arteries
02F23ZZ	Fragmentation in coronary artery, three arteries
02F33ZZ	Fragmentation in coronary artery, four or more arteries
<b>AGENT Drug-Coated Balloon (DCB)</b>	
XW0J3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3KA	Introduction of paclitaxel-coated balloon technology, three balloon into coronary artery, one artery, percutaneous approach, new technology group 10
XW0J3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, one artery, percutaneous approach, new technology group 10
XW0K3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3KA	Introduction of paclitaxel-coated balloon technology, three balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0K3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, two arteries, percutaneous approach, new technology group 10
XW0L3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0L3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, three arteries, percutaneous approach, new technology group 10
XW0L3KA	Introduction of paclitaxel-coated balloon technology, three balloons into coronary artery, three arteries, percutaneous approach, new technology group 10
XM0M3HA	Introduction of paclitaxel-coated balloon technology, one balloon into coronary artery, four or more arteries, percutaneous approach, new technology group 10
XM0M3JA	Introduction of paclitaxel-coated balloon technology, two balloons into coronary artery, four or more arteries, percutaneous approach, new technology group 10
XM0M3KA	Introduction of paclitaxel-coated balloon technology, three balloons into coronary artery, four or more arteries, percutaneous approach, new technology group 10
XM0M3LA	Introduction of paclitaxel-coated balloon technology, four or more balloons into coronary artery, four or more arteries, percutaneous approach, new technology group 10
<b>Additional Inpatient Procedures</b>	
<b>IVUS/OCT</b>	
B240ZZ3	Ultrasonography of single coronary artery, intravascular
B241ZZ3	Ultrasonography of single coronary artery, intravascular
<b>FFR</b>	
4A033BC	Measurement of arterial pressure, coronary, percutaneous approach
4A133BC	Monitoring of arterial pressure, coronary, percutaneous approach
<b>Fluoroscopy</b>	
B2111ZZ	Fluoroscopy of multiple coronary arteries with low osmolar contrast

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

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.

Information included herein is current as of October 2025 but is subject to change without notice. MS-DRG rates are set to expire on September 30, 2026.

## 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-final-rule-home-page>