

Cardiac Rhythm Management Category Codes (C-Codes) for Medical Devices

GuidePoint

Simplifying Reimbursement

Cardiac Rhythm Management and Electrophysiology

Updated January 2010

Medicare Hospital Outpatient Ambulatory Payment Classification

(APC) Pass -Through List C-Code Cross-Reference Guide to Boston Scientific Products

Medicare Reinstates C-Codes Effective January 1, 2004

Effective January 1, 2004, Medicare reinstated the 95 pass-through codes that were retired on 1/1/03. These C-Codes, which only apply to Medicare hospital outpatient claims, will not trigger additional payment to the outpatient hospital facility. They have been reinstated to assist Medicare in establishing future APC rates.

Below is an excerpt from the Centers for Medicare and Medicaid Services (CMS) — the federal agency that oversees the Medicare program — November 7, 2003 Outpatient Prospective Payment System (OPPS) Final Rule: “For 2004, we (CMS) are reactivating the C-Codes for device categories as they existed on December 31, 2002. The use of the code is not required and will not be enforced. However, hospitals should understand that providing complete and accurate information on the claims about the services that were furnished and the charges for those services is fundamental to our (CMS) establishment of relative weights on which the payment for their service is based.”

Background

Ambulatory Payment Classifications (APC) refers to the hospital outpatient payment system that was made effective on August 1, 2000. This system, mandated by federal law to replace the former retrospective cost-based reimbursement system, utilizes pre-set, capped payments for each APC. APCs cluster outpatient procedures into groups based on comparable resource use and clinical similarities. APCs pertain to Medicare outpatient services only and have no bearing on Medicare inpatient or physician reimbursement.

Cardiac Rhythm Management Category Codes (C-Codes) for Medical Devices¹

Pacemakers

Pacemaker, dual chamber, rate-response (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
INSIGNIA® Entra DDDR	1294, 1295, 1296	C1785
INSIGNIA Plus DDDR	1297, 1298	C1785
INSIGNIA Ultra DDDR	1290, 1291	C1785
ALTRUA® DDDR	S202, S203, S205, S402, S403, S602, S603	C1785
ALTRUA EL	S208, S404, S606	C1785

Pacemaker, single chamber, rate-response (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
INSIGNIA Entra SSIR	1195, 1198	C1786
INSIGNIA Plus SSIR	1194	C1786
INSIGNIA Ultra SSIR	1190	C1786
ALTRUA SSIR	S201, S204, S401, S601	C1786

Pacemaker, other than single or dual chamber (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
CONTAK® RENEWAL TR	H120, H125	C2621

Defibrillators

Cardioverter defibrillator, dual chamber (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
VENTAK® PRIZM DR HE	1853, 1858	C1721
VITALITY AVT®	A155	C1721
VITALITY® DS	T125	C1721
VITALITY EL	T127	C1721
VITALITY 2 DR	T165, T167 (EL)	C1721
VITALITY HE	T180	C1721
CONFIENT® RF HE	E030	C1721
TELIGEN® DR HE	E110	C1721

Cardioverter defibrillator, single chamber (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
VENTAK PRIZM VR HE	1852, 1857	C1722
VITALITY DS VR	T135	C1722
VITALITY® 2 VR	T175, T177 HE	C1722
TELIGEN® VR HE	E102	C1722

Defibrillators (continued)

Cardioverter defibrillator, other than single or dual chamber		
DEVICE NAME	MODEL #	CAT. CODE
CONTAK® RENEWAL	H135	C1882
CONTAK RENEWAL 3	H170, H175	C1882
CONTAK RENEWAL 3 HE	H177, H179	C1882
CONTAK RENEWAL 3 RF	H210, H215	C1882
CONTAK RENEWAL 3 RF HE	H217, H219	C1882
LIVIAN® RF	H220, H225	C1882
LIVIAN RF HE	H227, H229	C1882
COGNIS® HE	N118, N119	C1882

Leads

Lead, cardioverter defibrillator, endocardial single coil (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
ENDOTAK® RELIANCE S	0127, 0128, 0137, 0138	C1777
ENDOTAK RELIANCE SG	0170, 0171, 0172*, 0173, 0180, 0181, 0182, 0183	C1777

Lead, cardioverter defibrillator, endocardial dual coil (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
ENDOTAK® DSP	0125	C1895
ENDOTAK RELIANCE	0147, 0148, 0149, 0157, 0158, 0159	C1895
ENDOTAK ENDURANCE EZ	0154, 0155, 0156	C1895
ENDOTAK RELIANCE G	0174, 0175, 0176, 0177, 0184, 0185, 0186, 0187	C1895

Lead, cardioverter defibrillator, other than endocardial single or dual coil (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
ENDOTAK SQ ARRAY XP	0085	C1896
ENDOTAK SQ ARRAY	0048, 0049	C1896
ENDOTAK SQ Patch	0047	C1896
Small Epicardial Shocking Patch	0067	C1896
Large Epicardial Shocking Patch	0068	C1896

*Limited availability

Leads (continued)

Lead, pacemaker, other than transvenous VDD single pass		
DEVICE NAME	MODEL #	CAT. CODE
SELUTE® PICOTIP	4030,4031, 4032, 4033, 4034, 4035, 4043, 4044, 4063, 4064	C1898
SELUTE	4185, 4193, 4194, 4285, 4293, 4294	C1898
SWEET PICOTIP RX	4050, 4051, 4052, 4053, 4054, 4055	C1898
SWEET TIP RX	4143, 4144, 4145, 4243, 4244, 4245	C1898
SWEET TIP	4165, 4168, 4169, 4268, 4269	C1898
FINELINE®	4450, 4475, 4476	C1898
FLEXTEND®	4086, 4087, 4088	C1898
FINELINE II	4452, 4453, 4454, 4455, 4477, 4478	C1898
FINELINE II EZ	4463, 4464, 4465, 4466, 4467, 4468	C1898
FINELINE II EZ STEROX	4469, 4470, 4471, 4472, 4473, 4474	C1898
FINELINE II STEROX	4456, 4457, 4458, 4459, 4479, 4480	C1898
OSCOR® ZY	4036, 4037, 4038, 4039, 4042, 4056, 4057	C1898
OSCOR PY	4439, 4440, 4441, 4444	C1898
FLEXION®	4015, 4016, 4017, 4018	C1898
Innomedica Sutureless Myocardial	4046, 4047, 4058	C1898
Guidant bipolar endocardial leads	0012, 0013, 0014, 0015	C1898
DEXTRUS®	4135, 4136, 4137	C1898

Lead, coronary venous		
DEVICE NAME	MODEL #	CAT. CODE
EASYTRAK®	4510, 4511, 4512, 4513, 4535, 4536, 4537, 4538	C1900
EASYTRAK 2	4515, 4517, 4518, 4520	C1900
EASYTRAK 2 IS-1	4542, 4543, 4544	C1900
EASYTRAK 3	4522, 4524, 4525, 4527	C1900
EASYTRAK 3 IS-1	4548, 4549, 4550	C1900
ACUITY® Steerable	4554, 4555, 4556	C1900
ACUITY Spiral	4591, 4592, 4593	C1900

Guiding Catheters and Accessories

Adaptor/extension, pacing lead or neurostimulator lead (implantable)		
DEVICE NAME	MODEL #	CAT. CODE
Brady Adapter	6016, 6017, 6018, 6020, 6021, 6022, 6024, 6125, 6526, 6986, 6987	C1883
Left Ventricular Lead Adapter	4402, 4403, 6744	C1883
Tachy Adapter	6833, 6835, 6836, 6931, 6952	C1883

Guiding Catheters and Accessories *(continued)*

Catheter, guiding (may include infusion/perfusion capability)		
DEVICE NAME	MODEL #	CAT. CODE
EASYTRAK LV-1	6705, 6716, 6717, 6752, 6754, 6756, 6758, 7300, 7369, 7438, 7507, 7576	C1887
RAPIDO® LV-1	6778, 7592, 7593, 7605, 7606	C1887
RAPIDO ADVANCE	7711, 7712, 7713, 7714, 7715, 7716, 7717, 7718, 7719	C1887
RAPIDO Cut-Away®	7511, 7516, 7519, 7521, 7553, 7554, 7555, 7556, 7557, 7558, 7559, 7560, 7563, 7564, 7598, 7599	C1887
RAPIDO (Inner)	6776, 7552, 7720, 7721	C1887

Introducer/sheath, other than guiding, intracardiac electrophysiological, non-laser		
DEVICE NAME	MODEL #	CAT. CODE
Safe Sheath	6709, 6713, 7115, 7116, 7117, 7118, 7119, 7120	C1894
Oscor®	6088, 6089, 6090, 6091, 6092, 6093, 6094, 6095, 6096, 6663, 6664, 6665, 6666	C1894
Peel-away	6590, 6591, 6592, 6593, 9594, 6595, 6655, 6656, 6657, 6658, 6696	C1894

Catheter, occlusion		
DEVICE NAME	MODEL #	CAT. CODE
Balloon Catheter	6714, 6747	C2628

Guide Wire		
DEVICE NAME	MODEL #	CAT. CODE
Guide Wire	4634, 4635, 4636, 4637, 4638, 6411, 6720, 6722, 6723, 6724, 6725, 6726, 6737, 6738, 4639	C1769
EASYTRAK® Finishing Wire	6002, 6003, 6004, 6005	C1769
SUPPORTRAK Finishing Wire	6667, 6668, 6669, 6681, 6682, 6683, 6684, 6685	C1769

Correct coding should always be verified with your fiscal intermediary and private payers.

Direct questions regarding hospital outpatient C-Codes for Boston Scientific CRM products or other reimbursement issues to the departments below.

For questions about market-released products:

1.800.CARDIAC (227.3422), ask for the Reimbursement Customer Support Line.

For questions about investigational products:

Clinical Trial Reimbursement Services

1.800.CARDIAC (227.3422), extension 25567

¹ Centers for Medicare and Medicaid Services. List of Device Category Codes for Present or Previous Pass-Through Payment and Related Definitions. Updated November 2008. Available at: http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/DeviceCats_OPPSUpdate.pdf <http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/DeviceCats_OPPSUpdate.pdf>. Accessed December 7, 2009.

* As of January 1, 2005, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to report all device category codes (C-codes) on Medicare outpatient claims when medical devices are used in conjunction with procedure(s) billed. If C-codes are not identified on submitted Medicare outpatient claims, the claim(s) will be returned to the hospital for correction. Find C-codes for CRM devices at <http://www.bostonscientific.com/crm/reimbursement>. Also find C-codes for CRM devices and related accessories (e.g., introducers, catheters, sheaths) at http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/DeviceCats_OPPSUpdate.pdf.

** Modifiers 26 (professional component) and 51 (multiple procedures) are for physician billing only. See the *AMA Current Procedural Terminology 2010* for complete descriptions. Always verify appropriate usage with payers.

Disclaimer

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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.

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Cardiac Rhythm Management

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CRM5-2074-0110