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

**Updated: June 2009**

### 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**

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.

## 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<br>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)*

| <b>Catheter, guiding (may include infusion/perfusion capability)</b> |  |                  |
|--|--|------------------|
| <b>DEVICE NAME</b>   | <b>MODEL #</b>   | <b>CAT. CODE</b> |
| 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            |

| <b>Introducer/sheath, other than guiding, intracardiac electrophysiological, non-laser</b> |  |                  |
|--|--|------------------|
| <b>DEVICE NAME</b>   | <b>MODEL #</b>   | <b>CAT. CODE</b> |
| 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            |

| <b>Catheter, occlusion</b> |                |                  |
|----------------------------|----------------|------------------|
| <b>DEVICE NAME</b>         | <b>MODEL #</b> | <b>CAT. CODE</b> |
| Balloon Catheter           | 6714, 6747     | C2628            |

| <b>Guide Wire</b>         |  |                  |
|---------------------------|--|------------------|
| <b>DEVICE NAME</b>        | <b>MODEL #</b>   | <b>CAT. CODE</b> |
| 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

\* 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 claims(s) will be returned to the hospital for correction. Find C-codes for Electrophysiology catheters at [http://www.bostonscientific.com/templatedata/imports/HTML/CRM/Reimbursement/pdf/Electrophysiology\\_CrossReferenceGuide.pdf](http://www.bostonscientific.com/templatedata/imports/HTML/CRM/Reimbursement/pdf/Electrophysiology_CrossReferenceGuide.pdf). Also find C-codes for electrophysiology catheters and related accessories (e.g., introducers, catheters, sheaths) at [http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/DeviceCats\\_OPSPUpdate.pdf](http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/DeviceCats_OPSPUpdate.pdf) or [http://www.cms.hhs.gov/HospitalOutpatientPPS/04\\_passthrough\\_payment.asp#TopOfPage](http://www.cms.hhs.gov/HospitalOutpatientPPS/04_passthrough_payment.asp#TopOfPage)

\*\*Modifier -26 (professional component) is for physician billing only. See the *AMA's Current Procedural Terminology 2008* for complete descriptions.

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