

Cardiac Rhythm Management

May 2008

C-Code Background

As of January 1, 2005, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to report all device-related category codes (C-codes) on Medicare claims when medical devices are used in conjunction with the procedure(s) billed in the outpatient setting.¹

Effective for services performed on or after April 1, 2005, Medicare's Outpatient Code Editor includes edits to ensure that certain "device-required" procedure codes are accompanied by at least one associated device C-code. If appropriate C-codes are not identified on a submitted Medicare claim, the claim will be returned to the hospital for correction.²

In this Document

This document contains a list of C-codes that pertain to Boston Scientific CRM products. As always, correct coding should be verified with your Medicare fiscal intermediary and private payers. A complete list of C-codes can be found on the CMS website at <http://www.cms.hhs.gov/HCPSCReleaseCodeSets/ANHCPCS/list.asp> under 2007 Alpha-Numeric HCPCS File.

Please contact the reimbursement contacts listed at the end of this document if you have questions regarding reimbursement for Boston Scientific CRM technologies used in the outpatient setting.

¹ Centers for Medicare and Medicaid Services. Medicare Claims Processing. Effective January 1, 2005 (unless otherwise specified, the effective date is the date of service). CMS Manual System, change request 3583: Transmittal 387; CMS Pub. 100-04. December 3, 2004. Available at: <http://www.cms.hhs.gov/transmittals/downloads/R387CP.pdf>. Accessed April, 2007.

² Centers for Medicare and Medicaid Services. January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Billing for Devices that Do Not Have Transitional Pass-Through Status and that Are Not Classified as New Technology Ambulatory Payment Classification (APCs) Groups. Medlearn Matters (MM3606). December 23, 2004. Available at: <http://www.cms.hhs.gov/MedlearnMattersArticles/downloads/MM3606.pdf>. Accessed April, 2007.

Pacemakers

Pacemaker, dual-chamber, rate-responsive (implantable)

C1785

DEVICE NAME	MODEL #
DISCOVERY [®] DR	1274, 1275
PULSAR [®] MAX DR	1270
PULSAR [®] MAX II DR	1280
DISCOVERY [®] II DR	1283, 1284, 1286
MERIDIAN [®] DR	1276
INSIGNIA [®] Entra DDDR	1294, 1295, 1296
INSIGNIA [®] Plus DDDR	1297, 1298
INSIGNIA [®] Ultra DDDR	1290, 1291
ALTRUA [®] DDDR	S202, S203, S205, S402, S403, S602, S603

Pacemaker, single-chamber, rate-responsive (implantable)

C1786

DEVICE NAME	MODEL #
PULSAR [®] MAX SR	1170, 1171
DISCOVERY [®] SR	1174, 1175
DISCOVERY [®] II SR	1184, 1186, 1187
PULSAR [®] MAX II SR	1180, 1181
MERIDIAN [®] SR	1176
INSIGNIA [®] Entra SSIR	1195, 1198
INSIGNIA [®] Plus SSIR	1194
INSIGNIA [®] Ultra SSIR	1190
ALTRUA [®] SSIR	S201, S204, S401, S601

Pacemaker, dual-chamber, nonrate-responsive (implantable)

C2619

DEVICE NAME	MODEL #
MERIDIAN [®] DDD	976
DISCOVERY [®] II DDD	981

Pacemaker, single-chamber, nonrate-responsive (implantable)

C2620

DEVICE NAME	MODEL #
MERIDIAN [®] SSI	476
DISCOVERY [®] II SSI	481

Pacemaker, other than single- or dual-chamber (implantable)

C2621

DEVICE NAME	MODEL #
CONTAK RENEWAL [®] TR	H120, H125

Defibrillators

Cardioverter defibrillator, dual-chamber (implantable)

C1721

DEVICE NAME	MODEL #
VENTAK PRIZM [®] DR	1851
VENTAK PRIZM [®] DR HE	1853, 1858
VENTAK PRIZM [®] 2 DR	1861
VITALITY AVT [®]	A135, A155
VITALITY [®] DS	T125
VITALITY [®] EL	T127
VITALITY [®] 2 DR	T165, T167 (EL)
VITALITY [®] HE	T180
CONFIENT [®] RF HE	E030
TELIGEN [®] DR HE	E110

Cardioverter defibrillator, single-chamber (implantable)

C1722

DEVICE NAME	MODEL #
VENTAK MINI [®] IV	1790
VENTAK MINI [®] III+ HE	1789
VENTAK MINI [®] IV+	1793, 1796
VENTAK PRIZM [®] VR	1850
VENTAK PRIZM [®] VR HE	1852, 1857
VENTAK PRIZM [®] 2 VR	1860
VITALITY [®] DS VR	T135
VITALITY [®] 2 VR	T175, T177 (EL)
TELIGEN [®] VR HE	E102

Cardioverter defibrillator, other than single- or dual-chamber

C1882

DEVICE NAME	MODEL #
CONTAK RENEWAL [®]	H135
CONTAK RENEWAL [®] 3	H170, H175
CONTAK RENEWAL [®] 3 HE	H177, H179
CONTAK RENEWAL [®] 3 RF	H210, H215
CONTAK RENEWAL [®] 3 RF HE	H217, H219
LIVIAN [®] RF	H220, H225
LIVIAN [®] RF HE	H227, H229
COGNIS [®] HE	N118, N119

Leads

Lead, cardioverter defibrillator, endocardial single-coil (implantable)

C1777

DEVICE NAME	MODEL #
ENDOTAK RELIANCE [®] S	0127, 0128, 0137, 0138
ENDOTAK RELIANCE [®] SG	0170, 0171, 0172*, 0173, 0180, 0181, 0182, 0183

* Limited availability

Leads, cont'd.

Lead, cardioverter defibrillator, endocardial dual-coil (implantable)

C1895

DEVICE NAME	MODEL #
ENDOTAK DSP®	0125
ENDOTAK RELIANCE®	0147, 0148, 0149, 0157, 0158, 0159
ENDOTAK ENDURANCE EZ®	0154, 0155, 0156
ENDOTAK RELIANCE® G	0174, 0175, 0176, 0177, 0184, 0185, 0186, 0187

Lead, cardioverter defibrillator, other than endocardial single- or dual-coil (implantable)

C1896

DEVICE NAME	MODEL #
ENDOTAK® SQ ARRAY XP	0085
ENDOTAK® SQ ARRAY	0048, 0049
ENDOTAK® SQ Patch	0047
Small Epicardial Shocking Patch	0067
Large Epicardial Shocking Patch	0068

Lead, pacemaker, other than transvenous VDD single-pass

C1898

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

Lead, coronary venous

C1900

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

Guiding Catheters and Accessories

Adaptor/extension, pacing lead or neurostimulator lead (implantable)

C1883

DEVICE NAME

MODEL #

Brady Adapter	6016, 6017, 6018, 6020, 6021, 6022, 6024, 6125, 6526, 6986, 6987
Left Ventricular Lead Adapter	4402, 4403, 6744
Tachy Adapter	6833, 6835, 6836, 6910, 6931, 6952

Catheter, guiding (may include infusion/perfusion capability)

C1887

DEVICE NAME

MODEL #

EASYTRAK LV-1	6705, 6716, 6717, 6752, 6754, 6756, 6758, 7300, 7369, 7438, 7507, 7576
RAPIDO® LV-1	6778, 7592, 7593, 7605, 7606
RAPIDO ADVANCE	7711, 7712, 7713, 7714, 7715, 7716, 7717, 7718, 7719
RAPIDO Cut-Away™	7511, 7516, 7519, 7521, 7553, 7554, 7555, 7556, 7557, 7558, 7559, 7560, 7563, 7564, 7598, 7599
RAPIDO (Inner)	6776, 7552, 7720, 7721

Introducer/sheath, other than guiding, intracardiac electrophysiological, non-laser

C1894

DEVICE NAME

MODEL #

Safe Sheath	7115, 7116, 6709, 7117, 7118, 6713, 7119, 7120
Oscor	6088, 6089, 6090, 6091, 6092, 6093, 6094, 6095, 6096, 6663, 6664, 6665, 6666

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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 call center.

For questions about investigational products:

Clinical Trial Reimbursement Services
1-800-CARDIAC (227-3422), extension 25567

Disclaimer: The information provided in this document was obtained from third-party sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules and policies. All content in this document is informational only, general in nature, and does not cover all situations or all payers' rules and policies. This content is not intended to instruct medical providers on how to use or bill for health care procedures, including new technologies outside of Medicare national guidelines. A determination of medical necessity is a prerequisite that Boston Scientific assumes will have been made prior to assigning codes or requesting payments. Medical providers should consult with appropriate payers, including Medicare fiscal intermediaries and carriers, for specific information on proper coding, billing, and payment levels for health care procedures.

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