

Endoscopy Medicare Pass-through Codes (C-codes)

Endoscopy C-code Summary

Encourage your customers to add the following C-codes to their chargemasters:

C-code	C-code Description	Devices Impacted ¹
C1726	Catheter, balloon dilation, non-vascular	CRE™ single-use fixed wire balloon dilators
		CRE™ single-use pulmonary balloon dilators
		CRE™ single-use wire-guided esophageal/pyloric balloon dilators
		CRE™ single-use wire-guided esophageal/pyloric/colonic balloon dilators
		Hurricane® RX single-use biliary balloon dilatation catheters
		MaxForce™ single-use biliary dilatation balloon
		MaxForce™ single-use esophageal balloon dilators
		MaxForce™ TTS single-use balloon dilators
		Passage™ single-use biliary dilatation catheters
		Rigiflex® II single-use achalasia balloon dilators
		C1769
Hydratome® RX cannulating sphincterotomes		
Jagtome® RX cannulating sphincterotomes		
C1874	Stent, coated/covered, with delivery system	Polyflex® single-use esophageal stent system
		Polyflex® single-use self-expanding silicone airway stent system
		Ultraflex™ single-use covered esophageal NG stent system – proximal release
		Ultraflex™ single-use covered large esophageal NG stent system – proximal release
		Ultraflex™ single-use covered large esophageal NG stent system – distal release
		Ultraflex™ single-use covered tracheobronchial stent system – distal release
		WALLSTENT® RX single-use biliary endoprosthesis with Permalume® covering
		WALLSTENT® single-use esophageal II endoprosthesis with Permalume® covering and Unistep™ Plus delivery system
		WALLSTENT® single-use tracheobronchial endoprosthesis with Permalume® covering and Unistep® Plus delivery system
		WALLFLEX® partially covered esophageal stent

¹ For devices packaged in kits, hospitals may bill for the components of the kits that individually qualify under the new category pass-through C-codes. Facilities should bill for the estimated proportion of the kit that the C-code eligible device comprises.

Important - Please Note: Reimbursement information provided by Boston Scientific Corporation (BSC) is gathered from third-party sources and is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice, and BSC makes no representation or warranty regarding this information or its completeness, accuracy or timeliness. Laws, regulations and payer policies concerning reimbursement are complex and change frequently, and service providers are responsible for all decisions relating to coding and reimbursement submissions. Accordingly, BSC strongly recommends that you consult with your payers, reimbursement specialist and/or legal counsel regarding coding, coverage and reimbursement matters.

Endoscopy Medicare Pass-through Codes (C-codes)

ENDOSCOPY IMPACT (cont'd)

Encourage your customers to add the following C-codes to their chargemasters:

C-code	C-code Description	Devices Impacted¹
C1875	Stent, coated/covered without delivery system	DYNAMIC™ (Y) Stent
C1876	Stent, non-coated/non-covered, with delivery system	Ultraflex™ Diamond™ single-use biliary stent system
		Ultraflex™ Precision single-use colonic stent system
		Ultraflex™ single-use noncovered esophageal NG stent system – distal release
		Ultraflex™ single-use noncovered esophageal NG stent system – proximal release
		Ultraflex™ single-use noncovered tracheobronchial stent system – distal release
		Ultraflex™ single-use noncovered tracheobronchial stent system – proximal release
		WALLSTENT® RX single-use biliary endoprosthesis
		WALLSTENT® single-use biliary endoprosthesis
		WALLSTENT® single-use colonic and duodenal endoprosthesis with Unistep® Plus delivery system
		WALLFLEX® single-use colonic stent system
WALLFLEX® single-use duodenal stent system		
C2617	Stent, non-coronary, temporary, without delivery system	C-Flex® single-use pigtail biliary stent
		Percuflex® Amsterdam single-use biliary stent without introducer kit
C2625	Stent, non-coronary, temporary, with delivery system	Flexima® single-use biliary stent system
		Percuflex® Amsterdam single-use biliary stent with introducer kits ¹
		RX single-use plastic biliary stents

¹ For devices packaged in kits, hospitals may bill for the components of the kits that individually qualify under the new category pass-through C-codes. Facilities should bill for the estimated proportion of the kit that the C-code eligible device comprises.

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C-code Cross Reference Guide to Boston Scientific Products

**Medicare Hospital Outpatient
Ambulatory Payment Classification
(APC) C-Code list for:**

- **Endoscopy**

C-code Cross-Reference Guide to Boston Scientific Products Updated December 2008

Medicare Hospital Outpatient Ambulatory Payment Classification (APC) Pass -Through List

Centers for Medicare and Medicaid Services Changes C-code Policy

Certain C-codes mandated effective 1/1/05

Effective January 1, 2005, Medicare stated it would require C-code reporting for a number of device-dependent APCs. These APCs are listed in the 11/20/05 Consolidated Device Edits of the CMS HOPPS Web Page. This requirement was enforced beginning April 1, 2005 when CMS began to review claims at the CPT®/HCPCS code level. Should the claim not include a C-code a denial of the claim is possible. For example, the APC/C-code combinations of APC 81-C1725, APC 82-C1724 and APC 83-C1725 will be subject to the mandatory requirements. Incomplete procedures cited on a claim and using either modifier 73 or 74 would not be subject to claim denial.

Background on APCs

APC refers to the hospital outpatient payment system that the Centers for Medicare and Medicaid Services (CMS) - the federal agency that oversees the Medicare program — 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.

Key Points of the Guide:

- The Guide cross-references Boston Scientific products at the UPN/order number level to CMS associated Category C-codes.
- The Guide also includes a Resource List in the Appendix which cites sources of information on Medicare policy for APCs and the Pass-Through List. Specifically, it highlights Program Memoranda, including those in which the C-codes were published, retired and reinstated; other notices from CMS; and key questions from Medicare's Learning Network on the CMS website.

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Endoscopy

Biliary

Dilatation

Stents (Endoscopy)

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Biliary

BRAND CATEGORY CODE & DESCRIPTION

AMPLATZ SUPER STIFF™ C1769 Guidewire
SINGLE-USE GUIDEWIRE

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00550090	5009	MVI ENDO-AMPLATZ SS 038/260 GUIDEWIRE	C1769

C-FLEX® SINGLE-USE C2617 Stent, non-coronary, temporary, without delivery system
PIGTAIL BILIARY STENT

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00532010	73201	7/5/Blue	C2617
M00532020	3202	7/10/Blue	C2617
M00532030	3203	7/15/Blue	C2617
M00532040	3204	10/5/Grey	C2617
M00532050	3205	10/10/Grey	C2617
M00532060	3206	10/15/Grey	C2617

FLEXIMA® SINGLE-USE C2625 Stent, non-coronary, temporary, with delivery system
BILIARY STENT SYSTEM

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00539200	3920	7/5/.035"	C2625
M00539210	3921	7/7/.035"	C2625
M00539220	3822	7/10/.035"	C2625
M00539230	3823	7/12/.035"	C2625
M00539240	3924	7/15/.035"	C2625
M00539250	3925	8.5/5/.035"	C2625
M00539260	3926	8.5/7/.035"	C2625
M00539270	3927	8.5/10/.035"	C2625
M00539280	3928	8.5/12/.035"	C2625
M00539290	3929	8.5/15/.035"	C2625
M00539300	3930	10/5/.035"	C2625
M00539310	3931	10/7/.035"	C2625
M00539320	3932	10/10/.035"	C2625
M00539330	3933	10/12/.035"	C2625
M00539340	3934	10/15/.035"	C2625
M00539350	3935	11.5/5/.035"	C2625
M00539360	3936	11.5/7/.035"	C2625
M00539370	3937	11.5/10/.035"	C2625
M00539380	3938	11.5/12/.035"	C2625
M00539390	3939	11.5/15/.035"	C2625

GLIDEWIRE® SINGLE-USE C1769 Guidewire
GUIDEWIRE

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00551901	5190	GLIDEWIRE GUIDEWIRES	C1769
M00551911	5191	GLIDEWIRE GUIDEWIRES	C1769
M00551921	5192	GLIDEWIRE GUIDEWIRES	C1769
M00551931	5193	GLIDEWIRE GUIDEWIRES	C1769
M00551941	5194	GLIDEWIRE GUIDEWIRES STIFF SHAFT	C1769
M00551951	5195	GLIDEWIRE GUIDEWIRES STIFF SHAFT	C1769
M00551961	5196	GLIDEWIRE GUIDEWIRES STIFF SHAFT	C1769
M00551971	5197	GLIDEWIRE GUIDEWIRES STIFF SHAFT	C1769

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

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Biliary

BRAND CATEGORY CODE & DESCRIPTION

GLIDEWIRE® SINGLE-USE C1769 Guidewire
GUIDEWIRE

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00551981	5198	GLIDEWIRE GUIDEWIRES	C1769
M00551991	5199	GLIDEWIRE GUIDEWIRES	C1769
M00553401	5340	GLIDEWIRE GUIDEWIRES STIFF SHAFT	C1769
M00553411	5341	GLIDEWIRE GUIDEWIRES STIFF SHAFT	C1769
M00553421	5342	GLIDE .020 X 450 STRT (BX/5)	C1769
M00553421	5342	GLIDEWIRE GUIDEWIRES STIFF SHAFT	C1769
M00553431	5343	GLIDEWIRE GUIDEWIRES STIFF SHAFT	C1769
M00553431	5343	GLIDE .020 X 450 ANGLED (BX/5)	C1769

HURRICANE® RX SINGLE- C1726 Catheter, balloon dilation, non-vascular
USE DILATATION BALLOON

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00545890	4589	HURRICANE RX SINGLE USE BALLOON DILATOR 2CM X 4MM	C1726
M00545900	4590	HURRICANE RX SINGLE USE BALLOON DILATOR 4CM X 4MM	C1726
M00545910	4591	HURRICANE RX SINGLE USE BALLOON DILATOR 2CM X 6MM	C1726
M00545920	4592	HURRICANE RX SINGLE USE BALLOON DILATOR 4CM X 6MM	C1726
M00545930	4593	HURRICANE RX SINGLE USE BALLOON DILATOR 2CM X 8MM	C1726
M00545940	4594	HURRICANE RX SINGLE USE BALLOON DILATOR 4CM X 8MM	C1726
M00545950	4595	HURRICANE RX SINGLE USE BALLOON DILATOR 2CM X 10MM	C1726
M00545960	4596	HURRICANE RX SINGLE USE BALLOON DILATOR 4CM X 10MM	C1726

HYDRATOME®RX C1769 Guidewire
CANNULATING
SPHINCTEROTOMES

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00583000	8300 7	HYDRATOME RX 49 CANNULATING SPHINCTEROTOME 5/4.9/260 CM HYDRA JAGWIRE STRAIGHT	C1769
M00583010	8301 7	HYDRATOME RX 49 CANNULATING SPHINCTEROTOME 5/4.9/260 CM HYDRA JAGWIRE STRAIGHT	C1769
M00583020	8302 7	HYDRATOME RX 49 CANNULATING SPHINCTEROTOME5/4.9/450 CM HYDRA JAGWIRE STRAIGHT	C1769
M00583030	8303 7	HYDRATOME RX 49 CANNULATING SPHINCTEROTOME5/4.9/450 CM HYDRA JAGWIRE STRAIGHT	C1769
M00583040	8304 7	HYDRATOME RX 44 CANNULATING SPHINCTEROTOME 5/4.4/260 CM HYDRA JAGWIRE STRAIGHT	C1769
M00583050	8305 7	HYDRATOME RX 44 CANNULATING SPHINCTEROTOME 5/4.4/260 CM HYDRA JAGWIRE STRAIGHT	C1769
M00583060	8306 7	HYDRATOME RX 44 CANNULATING SPHINCTEROTOME 5/4.4/450 CM HYDRA JAGWIRE STRAIGHT	C1769
M00583070	8307 7	HYDRATOME RX 44 CANNULATING SPHINCTEROTOME	C1769

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

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Biliary

BRAND CATEGORY CODE & DESCRIPTION

HYDRATOME® RX
CANNULATING
SPHINCTEROTOMES

C1769 Guide wire

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
		5/4.4/450 CM HYDRA JAGWIRE STRAIGHT	

JAGTOME® RX
CANNULATING
SPHINCTEROTOMES

C1769 Guide wire

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00573000	7300 ⁷	JAGTOME RX 49 CANNULATING SPHINCTEROTOME 5/4.9/.035/260 CM JAGWIRE STRAIGHT	C1769
M00573010	7301 ⁷	JAGTOME RX 49 CANNULATING SPHINCTEROTOME 5/4.9/.035/260 CM JAGWIRE STRAIGHT	C1769
M00573020	7302 ⁷	JAGTOME RX 49 CANNULATING SPHINCTEROTOME 5/4.9/.035/450 CM JAGWIRE STRAIGHT	C1769
M00573030	7303 ⁷	JAGTOME RX 49 CANNULATING SPHINCTEROTOME 5/4.9/.035/450 CM JAGWIRE STRAIGHT	C1769
M00573040	7304 ⁷	JAGTOME RX 44 CANNULATING SPHINCTEROTOME 5/4.4/.035/260 CM JAGWIRE STRAIGHT	C1769
M00573050	7305 ⁷	JAGTOME RX 44 CANNULATING SPHINCTEROTOME 5/4.4/.035/260 CM JAGWIRE STRAIGHT	C1769
M00573060	7306 ⁷	JAGTOME RX 44 CANNULATING SPHINCTEROTOME 5/4.4/.035/450 CM JAGWIRE STRAIGHT	C1769
M00573070	7307 ⁷	JAGTOME RX 44 CANNULATING SPHINCTEROTOME 5/4.4/.035/450 CM JAGWIRE STRAIGHT	C1769
M00573080	7308 ⁷	JAGTOME RX 44 CANNULATING SPHINCTEROTOME 5/3.9/.025/260 CM JAGWIRE STRAIGHT	C1769
M00573090	7309 ⁷	JAGTOME RX 44 CANNULATING SPHINCTEROTOME 5/3.9/.025/450 CM JAGWIRE STRAIGHT	C1769
M00573100	7310 ⁷	JAGTOME RX 39 CANNULATING SPHINCTEROTOME 5/3.9/.025/260 CM JAGWIRE STRAIGHT	C1769
M00573110	7311 ⁷	JAGTOME RX 39 CANNULATING SPHINCTEROTOME 5/3.9/.025/450 CM JAGWIRE STRAIGHT	C1769

JAGWIRE® SINGLE-USE
HIGH PERFORMANCE
GUIDEWIRE

C1769 Guidewire

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00556460	5646	JAGWIRE .025 260CM STRAIGHT, STIFF SHAFT	C1769
M00556470	5647	JAGWIRE .025 260CM ANGLED TIP	C1769
M00556541	56541	JAGWIRE/018/STRAIGHT (BX/2)	C1769
M00556561	56561	JAGWIRE/025/STRAIGHT (BX/2)	C1769
M00556571	56571	JAGWIRE/025/ANGLED (BX/2)	C1769
M00556581	56581	JAGWIRE/035/STRAIGHT (BX/2)	C1769
M00556591	56591	JAGWIRE/035/ANGLED (BX/2)	C1769
M00556601	56601	JAGWIRE/035/STRAIGHT STIFF B/2	C1769
M00556611	56611	ENDOJAG .035 SS/450 ANG. BOX 2	C1769
M00556621	56621	JAGWIRE/038/260CM STRAIGHT BX 2	C1769
M00556631	56631	JAGWIRE/035/260CM SS ST BX2	C1769
M00556641	56641	JAGWIRE/035/260CM STRAIGHT BX2	C1769
M00556651	56651	JAGWIRE/035/260CM ANGLED BX2	C1769
M00556661	56661	JAGWIRE/035/260CM SS ANGLED B2	C1769

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Biliary

BRAND CATEGORY CODE & DESCRIPTION

JAGWIRE® SINGLE-USE C1769 Guidewire
HIGH PERFORMANCE
GUIDEWIRE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00556840	5684	EXTENDABLE JAGWIRE/035/260CM STRAIGHT	C1769
M00556850	5685	EXTENDABLE JAGWIRE/035/260CM ANGLED TIP	C1769
M00556860	5686	EXTENDABLE JAGWIRE/035, HiNi/SS ST	C1769
M00556870	5687	EXTENDABLE JAGWIRE/035, HiNi/ANGLED	C1769
M00556900	5690	JAGTAIL GUIDEWIRE EXTENSION/035/200CM	C1769

MAXFORCE™ SINGLE-USE C1726 Catheter, balloon dilation, non-vascular
BILIARY DILATATION
BALLOON

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00567330	6733	MF BILIARY BAL DIL 4/2/5/180	C1726
M00567340	6734	MF BILIARY BAL DIL 4/4/5/180	C1726
M00567370	6737	MF BILIARY BAL DIL 6/2/5/180	C1726
M00567380	6738	MF BILIARY BAL DIL 6/4/5/180	C1726
M00567410	6741	MF BILIARY BAL DIL 8/2/5/180	C1726
M00567420	6742	MF BILIARY BAL DIL 8/3/5/180	C1726

SINGLE-USE RX PLASTIC BILIARY C2625 Stent, non-coronary, temporary, with delivery system
STENTS

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00545550	4555	RX STENT/7 X 5CM	C2625
M00545560	4556	RX STENT/7 X 7CM	C2625
M00545570	4557	RX STENT/7 X 10CM	C2625
M00545580	4558	RX STENT/7 X 12CM	C2625
M00545590	4559	RX STENT/7 X 15CM	C2625
M00545600	4560	RX STENT/10 X 5CM	C2625
M00545610	4561	RX STENT/10 X 7CM	C2625
M00545620	4562	RX STENT/10 X 10CM	C2625
M00545630	4563	RX STENT/10 X 12CM	C2625
M00545640	4564	RX STENT/10 X 15CM	C2625
M00545650	4565	RX STENT/8.5 X 5CM	C2625
M00545660	4566	RX STENT/8.5 X 7CM	C2625
M00545670	4567	RX STENT/8.5 X 10CM	C2625
M00545680	4568	RX STENT/8.5 X 12CM	C2625
M00545690	4569	RX STENT/8.5 X 15CM	C2625
M00545700	4570	RX STENT/11.5 X 5CM	C2625
M00545710	4571	RX STENT/11.5 X 7CM	C2625
M00545720	4572	RX STENT/11.5 X 10CM	C2625
M00545730	4573	RX STENT/11.5 X 12CM	C2625
M00545740	4574	RX STENT/11.5 X 15CM	C2625

PATHFINDER™ SINGLE-USE EXCHANGE C1769 Guidewire
GUIDEWIRE

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
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NOTE: Footnotes can be found on page B1.
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BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

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Biliary

BRAND CATEGORY CODE & DESCRIPTION

PATHFINDER™ SINGLE-
USE EXCHANGE
GUIDEWIRE

C1769 Guidewire

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00551591	5159	PATHFINDER/.018/450/SHAPEABLE/11/BX2	C1769

PERCUFLEX® AMSTERDAM
SINGLE-USE BILIARY
STENT WITH INTRODUCER
KITS

C2625 Stent, non-coronary, temporary, with delivery system

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00533760	3376	PERCUFLEX AMSTERRDAM STENT W/PUSH CATHETER, 7-5	C2625
M00533770	3377	PERCUFLEX AMSTERRDAM STENT W/PUSH CATHETER, 7-7	C2625
M00533780	3378	PERCUFLEX AMSTERRDAM STENT W/PUSH CATHETER, 7-10	C2625
M00533790	3379	PERCUFLEX AMSTERRDAM STENT W/PUSH CATHETER, 7-12	C2625
M00533800	3380	PERCUFLEX AMSTERRDAM STENT W/PUSH CATHETER, 7-15	C2625
M00533810	3381	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 10-5	C2625
M00533820	3382	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 10-7	C2625
M00533830	3383	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 10-10	C2625
M00533840	3384	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 10-12	C2625
M00533850	3385	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 10-15	C2625
M00533860	3386	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 12-5	C2625
M00533870	3387	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 12-7	C2625
M00533880	33388	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 12-10	C2625
M00533890	33389	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 12-12	C2625
M00533900	3390	PERCUFLEX AMSTERRDAM STENT W/PUSH AND GUIDE CATHETER, 12-15	C2625

PERCUFLEX® AMSTERDAM
SINGLE-USE BILIARY
STENTS

C2617 Stent, non-coronary, temporary, without delivery system

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00533610	3361	7/5/.035	C2617
M00533620	3362	7/7/.035	C2617
M00533630	3363	7/10/.035	C2617
M00533640	3364	7/12/.035	C2617
M00533650	3365	7/15/.035	C2617
M00533660	3366	10/5/.035	C2617
M00533670	3367	10/7/.035	C2617
M00533680	3368	10/10/.035	C2617
M00533690	3369	10/12/.035	C2617

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BRAND CATEGORY CODE & DESCRIPTION

PERCUFLEX® AMSTERDAM C2617 Stent, non-coronary, temporary, without delivery system
SINGLE-USE BILIARY
STENTS

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00533700	3370	10/15/.035	C2617
M00533710	3371	12/5/.035	C2617
M00533720	3372	12/7/.035	C2617
M00533730	3373	12/10/.035	C2617
M00533740	3374	12/12/.035	C2617
M00533750	3375	12/15/.035	C2617

RX BILIARY SYSTEM™ C1769 Guidewire

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00556001	5600	HYDRA JAGWIRE STRAIGHT (BX/2)	C1769
M00556011	5601	HYDRA JAGWIRE ANGLED (BX/2)	C1769
M00556021	5602	HYDRA JAGWIRE STIFF SHAFT STRAIGHT (BX/2)	C1769
M00556031	5603	HYDRA JAGWIRE STIFF SHAFT ANGLED (BX/2)	C1769
M00556041	5604	HYDRA JAGWIRE STRAIGHT (BX/2)	C1769
M00556051	5605	HYDRA JAGWIRE ANGLED (BX/2)	C1769
M00556061	5606	HYDRA JAGWIRE STIFF SHAFT STRAIGHT (BX/2)	C1769
M00556071	5607	HYDRA JAGWIRE STIFF SHAFT ANGLED (BX/2)	C1769
M00556461	5646	JAGWIRE HIGH PERFORMANCE GUIDEWIRE STRAIGHT (BX/2)	C1769
M00556481	5648	STIFF SHAFT JAGWIRE STRAIGHT (BX/2)	C1769
M00556491	5649	STIFF SHAFT JAGWIRE ANGLED (BX/2)	C1769
M00556841	5684	EXTENDABLE JAGWIRE® RX GUIDEWIRE STRAIGHT (BX/2)	C1769
M00556851	5685	EXTENDABLE JAGWIRE® RX GUIDEWIRE ANGLED (BX/2)	C1769
M00556861	5686	STIFF SHAFT EXTENDABLE JAGWIRE RX GUIDEWIRE STRAIGHT (BX/2)	C1769
M00556871	5687	STIFF SHAFT EXTENDABLE JAGWIRE RX GUIDEWIRE ANGLED (BX/2)	C1769

ULTRAFLEX™ DIAMOND C1876 Stent, non-coated/non-covered, with delivery system
SINGLE-USE BILIARY
STENT SYSTEM

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00515440	1544	DES/10-4/9.25/187	C1876
M00515460	1546	DES/10-6/9.25/190	C1876
M00515480	1548	DES/10-8/9.25/192	C1876

WALLSTENT® RX SINGLE-USE BILIARY C1876 Stent, non-coated/non-covered, with delivery system
ENDOPROSTHESIS

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569610	6961	WALLSTENT RX BILIARY	C1876
M00569620	6962	WALLSTENT RX BILIARY	C1876
M00569630	6963	WALLSTENT RX BILIARY	C1876
M00569640	6964	WALLSTENT RX BILIARY	C1876
M00569650	6965	WALLSTENT RX BILIARY	C1876

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Biliary

BRAND CATEGORY CODE & DESCRIPTION
WALLSTENT® RX SINGLE-USE BILIARY C1876 Stent, non-coated/non-covered, with delivery system
ENDOPROSTHESIS

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569660	6966	WALLSTENT RX BILIARY	C1876
M00569810	6981	WALLSTENT RX BILIARY	C1876

WALLSTENT® RX SINGLE-USE BILIARY C1874 Stent, coated/covered, with delivery system
ENDOPROSTHESIS WITH PERMALUME® COVERING

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569670	6967	WALLSTENT RX W/PERMALUME	C1874
M00569680	6968	WALLSTENT RX W/PERMALUME	C1874
M0056969	6969	WALLSTENT RX W/PERMALUME	C1874
M00569700	6970	WALLSTENT RX W/PERMALUME	C1874
M00569710	6971	WALLSTENT RX W/PERMALUME	C1874
M00569720	6972	WALLSTENT RX W/PERMALUME	C1874
M00569800	6980	WALLSTENT RX BILIARY	C1876

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569670	6967	WALLSTENT RX W/PERMALUME	C1874
M00569680	6968	WALLSTENT RX W/PERMALUME	C1874
M0056969	6969	WALLSTENT RX W/PERMALUME	C1874
M00569700	6970	WALLSTENT RX W/PERMALUME	C1874
M00569710	6971	WALLSTENT RX W/PERMALUME	C1874
M00569720	6972	WALLSTENT RX W/PERMALUME	C1874
M00569800	6980	WALLSTENT RX BILIARY	C1876

WALLSTENT® SINGLE-USE BILIARY ENDOPROSTHESIS C1876 Stent, non-coated/non-covered, with delivery system

UPN	ORDER#	DESCRIPTION	CAT. CODE
H965430100	43010	8X40 BLRY ENDO UNI PLUS HALO 7.5F, 219CM	C1876
H965430200	43020	8X60 BLRY ENDO UNI PLUS HALO 7.5F, 219CM	C1876
H965430300	43030	8X80 BLRY ENDO UNI PLUS HALO 7.5F, 219CM	C1876
H965430400	43040	10X42 BLRY ENDO UNI PLUS HALO7.5F, 219CM	C1876
H965430500	43050	10X68 BLRY ENDO UNI PLUS HALO7.5F, 219CM	C1876
H965430600	43060	10X80 BLRY ENDO UNI PLUS HALO7.5F, 219CM	C1876

WALLSTENT® SINGLE-USE BILIARY ENDOPROSTHESIS WITH PERMALUME® COVERING AND UNISTEP® PLUS DELIVERY SYSTEM C1874 Stent, coated/covered, with delivery system

UPN	ORDER#	DESCRIPTION	CAT. CODE
H965430700	43070	8X40 BLRY COV ENDO UNI PLUS HALO 8F, 219CM	C1874
H965430800	43080	8X60 BLRY COV ENDO UNI PLUS HALO 8F, 219CM	C1874
H965430900	43090	8X80 BLRY COV ENDO UNI PLUS HALO 8F, 219CM	C1874
H965431000	43100	10X40 BLRY COV ENDO UNI PLUS HALO 8F, 219CM	C1874
H965431100	43110	10X60 BLRY COV ENDO UNI PLUS HALO 8F, 219CM	C1874
H965431200	43120	10X80 BLRY COV ENDO UNI PLUS HALO 8F, 219CM	C1874

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Biliary

BRAND	CATEGORY CODE & DESCRIPTION
WALLSTENT® SINGLE-USE BILIARY ENDOPROSTHESIS WITH PERMALUME® COVERING AND UNISTEP® PLUS DELIVERY SYSTEM	C1874 Stent, coated/covered, with delivery system

Dilatation

BRAND	CATEGORY CODE & DESCRIPTION
CRE™ SINGLE-USE PULMONARY BALLOON DILATORS	C1726 Catheter, balloon dilation, non-vascular

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00550300	5030	CRE, 12-15MM, 5.5CM	C1726
M00550310	5031	CRE, 15-18MM, 5.5CM	C1726
M00550320	5032	CRE, 18-20MM, 5.5CM	C1726
M00550330	5033	CRE, 8-10MM, 3.0CM	C1726
M00550340	5034	CRE, 10-12MM, 3.0CM	C1726
M00550350	5035	CRE, 12-15MM, 3.0CM	C1726

JAGWIRE® SINGLE-USE PULMONARY GUIDEWIRE	C1769 Guide wire
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(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00515171	1517	JAGWIRE.035, 180CM (BX/2)	C1769

SINGLE-USE CRE™ FIXED WIRE BALLOON DILATORS	C1726 Catheter, balloon dilation, non-vascular
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UPN	ORDER#	DESCRIPTION	CAT. CODE
M00558330	5833	CRE, 6-8MM,8CM F/G	C1726
M00558340	5834	CRE, 8-10MM,8CM F/G	C1726
M00558350	5835	CRE, 10-12MM,8CM F/G	C1726
M00558360	5836	CRE, 12-15MM,8CM F/G	C1726
M00558361	58361	F/G, CRE, FIXED WIRE 5836-05 (BOX/5)	C1726
M00558370	5837	CRE, 15-18MM,8CM F/G	C1726
M00558371	58371	F/G, CRE, FIXED WIRE 5837-05 (BOX/5)	C1726
M00558380	5838	CRE, 18-20MM,8CM F/G	C1726
M00558381	58381	F/G, CRE, FIXED WIRE 5838-05 (BOX/5)	C1726

SINGLE-USE CRE™ WIREGUIDED ESOPHAGEAL/PYLORIC BALLOON DILATORS	C1726 Catheter, balloon dilation, non-vascular
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BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Dilatation

BRAND
SINGLE-USE CRE™
WIREGUIDED
ESOPHAGEAL/PYLORIC
BALLOON DILATORS

CATEGORY CODE & DESCRIPTION
C1726 Catheter, balloon dilation, non-vascular

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00558390	5839	CRE WG 6-8MM/180CM/5.5 F/G	C1726
M00558400	5840	CRE WG 8-10MM/180CM/5.5 F/G	C1726
M00558410	5841	CRE WG 10-12MM/180CM/5.5 F/G	C1726
M00558420	5842	CRE WG 12-15MM/180CM/5.5 F/G	C1726
M00558430	5843	CRE WG 15-18MM/180CM/5.5 F/G	C1726
M00558440	5844	CRE WG 18-20MM/180CM/5.5 F/G	C1726

SINGLE-USE CRE™
WIREGUIDED
ESOPHAGEAL/PYLORIC/CO
LONIC BALLOON DILATORS

C1726 Catheter, balloon dilation, non-vascular

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00558450	5845	CRE WG 6-8MM/240CM/5.5 F/G	C1726
M00558460	5846	CRE WG 8-10MM/240CM/5.5 F/G	C1726
M00558470	5847	CRE WG 10-12MM/240CM/5.5 F/G	C1726
M00558480	5848	CRE WG 12-15MM/240CM/5.5 F/G	C1726
M00558490	5849	CRE WG 15-18MM/240CM/5.5 F/G	C1726
M00558500	5850	CRE WG 18-20MM/240CM/5.5 F/G	C1726

SINGLE-USE MAXFORCE™
ESOPHAGEAL BALLOON
DILATORS

C1726 Catheter, balloon dilation, non-vascular

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00589060	8906	MFTTS/6-6/180	C1726
M00589080	8908	MFTTS/8-6/180	C1726
M00589100	8910	MFTTS/10-6/180	C1726
M00589120	8912	MFTTS/12-6/180	C1726
M00589121	89121	MAXFORCE TTS 12MM X 6CM (BX/5)	C1726
M00589140	8914	MFTTS/14-6/180	C1726
M00589141	89141	MAXFORCE TTS 14MM X 6CM (BX/5)	C1726
M00589150	8915	MFTTS/15-6/180	C1726
M00589151	89151	MAXFORCE TTS 15MM X 6CM (BX/5)	C1726
M00589160	8916	MFTTS/16-6/180	C1726
M00589161	89161	MAXFORCE TTS 16MM X 6CM (BX/5)	C1726
M00589180	8918	MFTTS/18-6/180	C1726
M00589181	89181	MAXFORCE TTS 18MM X 6CM (BX/5)	C1726
M00589300	8930	MAXFORCE TTS ESOPHAGEAL KIT	C1726

SINGLE-USE RIGIFLEX®
ACHALASIA BALLOON
DILATORS

C1726 Catheter, balloon dilation, non-vascular

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00554500	5450	30MM ACHALASIA DILATOR	C1726
M00554510	5451	35MM ACHALASIA DILATOR	C1726
M00554520	5452	40MM ACHALASIA DILATOR	C1726

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Dilatation

BRAND CATEGORY CODE & DESCRIPTION

Stents (Endoscopy)

BRAND CATEGORY CODE & DESCRIPTION

AMPLATZ SUPER STIFF™
GUIDEWIRE

C1769 Guide wire

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00550090	5009	AMPLATZ SUPER STIFF ESOPHAGEAL .038/260 CM STRAIGHT	C1769

DYNAMIC™ (Y) STENT C1875 Stent, coated/covered, without delivery system

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00570670	7067	DYNAMIC Y/11,8,110,25/40MM	C1874
M00570680	7068	DYNAMIC Y/13,10,110,25/40MM	C1874
M00570690	7069	DYNAMIC Y/15,12,110,25/40MM	C1874

POLYFLEX® SINGLE-USE
ESOPHAGEAL STENT
SYSTEM

C1874 Stent, coated/covered, with delivery system

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00514270	1427	ESOPHAGEAL STENTS	C1874
M00514280	1428	ESOPHAGEAL STENTS	C1874
M00514290	1429	ESOPHAGEAL STENTS	C1874
M00514300	1430	ESOPHAGEAL STENTS	C1874
M00514310	1431	ESOPHAGEAL STENTS	C1874
M00514320	1432	ESOPHAGEAL STENTS	C1874
M00514330	1433	ESOPHAGEAL STENTS	C1874
M00514340	1434	ESOPHAGEAL STENTS	C1874
M00514350	1435	ESOPHAGEAL STENTS	C1874

POLYFLEX® SINGLE-USE
SELF-EXPANDING
SILICONE AIRWAY STENT
SYSTEM

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00570000	7000	SILICONE AIRWAY STENTS	C1874
M00570010	7001	SILICONE AIRWAY STENTS	C1874
M00570020	7002	SILICONE AIRWAY STENTS	CC187
M00570030	7003	SILICONE AIRWAY STENTS	C1874
M00570040	7004	SILICONE AIRWAY STENTS	C1874
M00570050	7005	SILICONE AIRWAY STENTS	C1874
M00570060	7006	SILICONE AIRWAY STENTS	C1874
M00570070	7007	SILICONE AIRWAY STENTS	C1874
M00570080	7008	SILICONE AIRWAY STENTS	C1874
M00570090	7009	SILICONE AIRWAY STENTS	C1874
M00570100	7010	SILICONE AIRWAY STENTS	C1874
M00570110	7011	SILICONE AIRWAY STENTS	C1874
M00570120	7012	SILICONE AIRWAY STENTS	C1874
M00570130	7013	SILICONE AIRWAY STENTS	C1874
M00570140	7014	SILICONE AIRWAY STENTS	C1874

NOTE: Footnotes can be found on page B1.

Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Stents (Endoscopy)

BRAND CATEGORY CODE & DESCRIPTION

POLYFLEX® SINGLE-USE
SELF-EXPANDING
SILICONE AIRWAY STENT
SYSTEM

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00570150	7015	SILICONE AIRWAY STENTS	C1874
M00570160	7016	SILICONE AIRWAY STENTS	C1874
M00570170	7017	SILICONE AIRWAY STENTS	C1874
M00570180	7018	SILICONE AIRWAY STENTS	C1874
M00570190	7019	SILICONE AIRWAY STENTS	C1874
M00570200	7020	SILICONE AIRWAY STENTS	C1874
M00570210	7021	SILICONE AIRWAY STENTS	C1874
M00570220	7022	SILICONE AIRWAY STENTS	C1874
M00570230	7023	SILICONE AIRWAY STENTS	C1874
M00570240	7024	SILICONE AIRWAY STENTS	C1874
M00570250	7025	SILICONE AIRWAY STENTS	C1874
M00570260	7026	SILICONE AIRWAY STENTS	C1874
M00570270	7027	SILICONE AIRWAY STENTS	C1874
M00570280	7028	SILICONE AIRWAY STENTS	C1874
M00570290	7029	SILICONE AIRWAY STENTS	C1874
M00570300	7030	SILICONE AIRWAY STENTS	C1874
M00570310	7031	SILICONE AIRWAY STENTS	C1874
M00570320	7032	SILICONE AIRWAY STENTS	C1874
M00570330	7033	SILICONE AIRWAY STENTS	C1874
UPN	ORDER#	DESCRIPTION	CAT. CODE
M00570000	7000	SILICONE AIRWAY STENTS	C1874
M00570010	7001	SILICONE AIRWAY STENTS	C1874
M00570020	7002	SILICONE AIRWAY STENTS	CC187
M00570030	7003	SILICONE AIRWAY STENTS	C1874
M00570040	7004	SILICONE AIRWAY STENTS	C1874
M00570050	7005	SILICONE AIRWAY STENTS	C1874
M00570060	7006	SILICONE AIRWAY STENTS	C1874
M00570070	7007	SILICONE AIRWAY STENTS	C1874
M00570080	7008	SILICONE AIRWAY STENTS	C1874
M00570090	7009	SILICONE AIRWAY STENTS	C1874
M00570100	7010	SILICONE AIRWAY STENTS	C1874
M00570110	7011	SILICONE AIRWAY STENTS	C1874
M00570120	7012	SILICONE AIRWAY STENTS	C1874
M00570130	7013	SILICONE AIRWAY STENTS	C1874
M00570140	7014	SILICONE AIRWAY STENTS	C1874
M00570150	7015	SILICONE AIRWAY STENTS	C1874
M00570160	7016	SILICONE AIRWAY STENTS	C1874
M00570170	7017	SILICONE AIRWAY STENTS	C1874
M00570180	7018	SILICONE AIRWAY STENTS	C1874
M00570190	7019	SILICONE AIRWAY STENTS	C1874
M00570200	7020	SILICONE AIRWAY STENTS	C1874
M00570210	7021	SILICONE AIRWAY STENTS	C1874
M00570220	7022	SILICONE AIRWAY STENTS	C1874
M00570230	7023	SILICONE AIRWAY STENTS	C1874
M00570240	7024	SILICONE AIRWAY STENTS	C1874
M00570250	7025	SILICONE AIRWAY STENTS	C1874
M00570260	7026	SILICONE AIRWAY STENTS	C1874

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Stents (Endoscopy)

BRAND CATEGORY CODE & DESCRIPTION

POLYFLEX® SINGLE-USE
SELF-EXPANDING
SILICONE AIRWAY STENT
SYSTEM

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00570270	7027	SILICONE AIRWAY STENTS	C1874
M00570280	7028	SILICONE AIRWAY STENTS	C1874
M00570290	7029	SILICONE AIRWAY STENTS	C1874
M00570300	7030	SILICONE AIRWAY STENTS	C1874
M00570310	7031	SILICONE AIRWAY STENTS	C1874
M00570320	7032	SILICONE AIRWAY STENTS	C1874
M00570330	7033	SILICONE AIRWAY STENTS	C1874

ULTRAFLEX™ SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED ESOPHAGEAL
NG STENT SYSTEM -
PROXIMAL RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00513840	1384	US/18 - 10/23/7CM COVER	C1874
M00513850	1385	US/18 - 12/23/9CM COVER	C1874
M00513860	1386	US/18 - 15/23/12CM COVER	C1874

ULTRAFLEX SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED LARGE
ESOPHAGEAL NG STENT
SYSTEM - DISTAL RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00514200	1420	US/18 - 10/23/7CM COVER	C1874
M00514210	1421	US/18 - 12/23/9CM COVER	C1874

ULTRAFLEX SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED LARGE
ESOPHAGEAL NG STENT
SYSTEM - PROXIMAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00514240	1424	US/18 - 10/23/7CM COVER	C1874
M00514250	1425	US/18 - 12/23/9CM COVER	C1874

ULTRAFLEX PRECISION C1876 Stent, non-coated/non-covered, with delivery system
SINGLE-USE COLONIC
STENT SYSTEM

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00557330	5733	UPS/25-57/30	C1876
M00557360	5736	UPS/25-87/30	C1876
M00557380	5738	UPS/25-117/30	C1876

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Stents (Endoscopy)

BRAND CATEGORY CODE & DESCRIPTION
ULTRAFLEX™ SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED ESOPHAGEAL
NG STENT SYSTEM -
DISTAL RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00513730	1373	US/18 - 10/23/7CM COVER	C1874
M00513740	1374	US/18 - 12/23/9CM COVER	C1874
M00513750	1375	US/18 - 15/23/12CM COVER	C1874

ULTRAFLE SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED ESOPHAGEAL
STENT SYSTEMS - DISTAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00513100	1310	US/17-10/16/95,7 CM COVER	C1874
M00513120	1312	US/17-12/16/95, 9CM COVER	C1874
M00513150	1315	US/17-15/16/95, 12 CM COVER	C1874
M00513640	1364	US/22-10/16/95 7CM COVER	C1874
M00513650	1365	US/22-12/16/95, 9CM COVER	C1874

ULTRAFLEX SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED ESOPHAGEAL
STENT SYSTEMS -
PROXIMAL RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00514100	1410	US/17-10/16/95, 7CM COVER	C1874
M00514120	1412	US/17-12/16/95, 9CM COVER	C1874
M00514150	1415	US/17-15/16/95, 12CM COVER	C1874
M00514640	1464	US/22-10/16/90, 7CM COVER	C1874
M00514650	1465	US/22-12/16/92, 9CM COVER	C1874

ULTRAFLEX SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED
TRACHEOBRONCHIAL
STENT SYSTEM - DISTAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569410	6941	UPC/8-4/16/95, 2.5CM COVER	C1874
M00569430	6943	UPC/10-4/16/95, 2.5CM COVER	C1874
M00569450	6945	UPC/12-4/16/95, 2.5CM COVER	C1874
M00569480	6948	14C/14-4/16/95, 2.5CM COVER	C1874
M00569490	6949	UPC/14-6/16/95, 4.5CM COVER	C1874
M00569500	6950	UPC/14-8/16/95, 6.5CM COVER	C1874
M00569510	6951	UPC/16-4/16/95, 2.5CM COVER	C1874
M00569520	6952	UPC/16-6/16/95, 4.5CM COVER	C1874
M00569530	6953	UPC/16-8/16/95, 6.5CM COVER	C1874
M00569540	6954	UPC/18-4/16/95, 2.5CM COVER	C1874
M00569550	6955	UPC/18-6/16/95, 4.5CM COVER	C1874
M00569560	6956	UPC/18-8/16/95, 6.5CM COVER	C1874
M00569570	6957	UPC/20-4/16/95, 2.5CM COVER	C1874

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Stents (Endoscopy)

BRAND CATEGORY CODE & DESCRIPTION
ULTRAFLEX™ SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED
TRACHEOBRONCHIAL
STENT SYSTEM - DISTAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569580	6958	UPC/20-6/16/95, 4.5CM COVER	C1874
M00569590	6959	UPC/20-8/16/95, 6.5CM COVER	C1874

ULTRAFLEX SINGLE-USE C1874 Stent, coated/covered, with delivery system
COVERED
TRACHEOBRONCHIAL
STENT SYSTEM- DISTAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569040	6904	BRONCHIAL STENTS- COVERED	C1874
M00569050	6905	BRONCHIAL STENTS- COVERED	C1874
M00569060	6906	BRONCHIAL STENTS- COVERED	C1874

ULTRAFLEX SINGLE-USE C1876 Stent, non-coated/non-covered, with delivery system
NONCOVERED
ESOPHAGEAL NG STENT
SYSTEM - PROXIMAL
RELEASE

(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00513800	1380	US/18 - 7/23	C1876
M00513810	1381	US/18 - 10/23	C1876
M00513820	1382	US/18 - 15/23	C1876

ULTRAFLEX SINGLE-USE C1876 Stent, non-coated/non-covered, with delivery system
NONCOVERED
ESOPHAGEAL STENT
SYSTEMS - DISTAL RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00513030	1303	UES/18-10/16/90	C1876
M00513050	1305	UES/18-15/16/95	C1876
M00513070	1307	UES/18-7/16/90	C1876
M00513170	1317	UES/18-12/16/95	C1876
M00513700	1370	US/18 - 7/23	C1876
M00513710	1371	US/18 - 10/23	C1876
M00513720	1372	US/18 - 15/23	C1876

ULTRAFLEX SINGLE-USE C1876 Stent, non-coated/non-covered, with delivery system
NONCOVERED
ESOPHAGEAL STENT
SYSTEMS - PROXIMAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00514030	1403	UES/18-10/16/90	C1876
M00514050	1405	UES/18-15/16/95	C1876

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Stents (Endoscopy)

BRAND CATEGORY CODE & DESCRIPTION
ULTRAFLEX™ SINGLE-USE C1876 Stent, non-coated/non-covered, with delivery system
NONCOVERED
ESOPHAGEAL STENT
SYSTEMS - PROXIMAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00514070	1407	UES/18-7/16/90	C1876
M00514170	1417	UES/18-12/16/95	C1876

ULTRAFLEX SINGLE-USE C1876 Stent, non-coated/non-covered, with delivery system
NONCOVERED
TRACHEOBRONCHIAL
STENT SYSTEM - DISTAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569230	6923	UP/16-4/16/95	C1876
M00569240	6924	UP/16-6/16/95	C1876
M00569250	6925	UP/16-8/16/95	C1876
M00569260	6926	UP/18-4/16/95	C1876
M00569270	6927	UP/18-6/16/95	C1876
M00569280	6928	UP/18-8/16/95	C1876
M00569290	6929	UP/20-4/16/95	C1876
M00569300	6930	UP/20-6/16/95	C1876
M00569310	6931	UP/20-8/16/95	C1876

ULTRAFLEX SINGLE-USE C1876 Stent, non-coated/non-covered, with delivery system
NONCOVERED
TRACHEOBRONCHIAL
STENT SYSTEM - PROXIMAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00568920	6892	UP/8-2/16/95	C1876
M00568930	6893	UP/8-4/16/95	C1876
M00568940	6894	UP/10-2/16/95	C1876
M00568950	6895	UP/10-4/16/95	C1876
M00568960	6896	UP/12-2/16/95	C1876
M00568970	6897	UP/12-4/16/95	C1876
M00568980	6898	UP/14-2/16/95	C1876
M00569000	6900	UP/14-8/16/95	C1876
M00569920	6992	UP/14-4/16/95	C1876
M00569930	6993	UP/14-6/16/95	C1876

ULTRAFLEX SINGLE-USE C1876 Stent, non-coated/non-covered, with delivery system
NONCOVERED
TRACHEOBRONCHIAL
STENT SYSTEM- DISTAL
RELEASE

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00569070	6907	BRONCHIAL STENTS- NONCOVERED	C1876
M00569080	6908	BRONCHIAL STENTS- NONCOVERED	C1876
M00569090	6909	BRONCHIAL STENTS- NONCOVERED	C1876

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Stents (Endoscopy)

BRAND **CATEGORY CODE & DESCRIPTION**
 ULTRAFLEX™ SINGLE-USE NONCOVERED TRACHEOBRONCHIAL STENT SYSTEM- DISTAL RELEASE C1876 Stent, non-coated/non-covered, with delivery system

WALLFLEX®PC ESOPHAGEAL STENT C1874 Stent, coated/covered, with delivery system
 (See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00516900	1690	18/23mm x 103mm	C1874
M00516910	1691	18/23mm x 123mm	C1874
M00516920	1692	18/23mm x 153mm	C1874
M00516930	1693	23/28mm x 105mm	C1874
M00516940	1694	23/28mm x 125mm	C1874
M00516950	1695	23/28mm x 155mm	C1874

WALLFLEX SINGLE-USE COLONIC STENT SYSTEM C1876 Stent, non-coated/non-covered, with delivery system

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00565040	6504	WALLFLEX COLONIC,25,30,60,230,270,10 EA	C1876
M00565070	6507	WALLFLEX COLONIC,25,30,60,135,175,10 EA	C1876
M00565080	6508	WALLFLEX COLONIC, 25,30,90,135,175,10 EA	C1876
M00565090	6509	WALLFLEX COLONIC,25,30,120,135,175,10 EA	C1876
M00565100	6510	WALLFLEX COLONIC,22,27,60,230,270,10 EA	C1876
M00565110	6511	WALLFLEX COLONIC, 22,27,90,230,270,10 EA	C1876
M00565120	6512	WALLFLEX COLONIC, 22,27,120,230,270,10 EA	C1876
M00565130	6513	WALLFLEX COLONIC, 22,27,60,135,175,10 EA	C1876
M00565140	6514	WALLFLEX COLONIC, 22,27,90,135,175,10 EA	C1876
M00565150	6515	WALLFLEX COLONIC, 22,27,120,135,175,10 EA	C1876
M00656050	6505	WALLFLEX COLONIC,25,30,90,230,270,10 EA	C1876
M00656060	6506	WALLFLEX COLONIC,25,30,120,230,270,10 EA	C1876

WALLFLEX SINGLE-USE DUODENAL STENT SYSTEM C1876 Stent, non-coated/non-covered, with delivery system

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00565010	6501	WALLFLEX DUODENAL, 22,27,60,230,270,10 EA	C1876
M00565020	6502	WALLFLEX DUODENAL, 22,27,90,230,270,10 EA	C1876
M00565030	6503	WALLFLEX DUODENAL, 22,27,120,230,270,10 EA	C1876

WALLSTENT® SINGLE-USE COLONIC AND DUODENAL ENDOPROSTHESIS WITH UNISTEP PLUS™ DELIVERY SYSTEM C1876 Stent, non-coated/non-covered, with delivery system

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00565540	6554	BARE 18X60 10FR ENTERAL, UNI PLUS 255CM DELIVERY	C1876
M00565550	6555	BARE 18X90 10FR ENTERAL, UNI PLUS 255CM DELIVERY	C1876
M00565560	6556	BARE 20X60 10FR ENTERAL, UNI PLUS 255CM DELIVERY	C1876
M00565570	6557	BARE 20X90 10FR ENTERAL, UNI PLUS 255CM DELIVERY	C1876
M00565580	6558	BARE 22X60 10FR ENTERAL, UNI PLUS 255CM DELIVERY	C1876

NOTE: Footnotes can be found on page B1.
 Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Stents (Endoscopy)

BRAND CATEGORY CODE & DESCRIPTION
WALLSTENT® SINGLE-USE C1876 Stent, non-coated/non-covered, with delivery system
COLONIC AND DUODENAL
ENDOPROSTHESIS WITH
UNISTEP PLUS® DELIVERY
SYSTEM

UPN	ORDER#	DESCRIPTION	CAT. CODE
M00565590	6559	BARE 22X90 10FR ENTERAL, UNI PLUS 255CM DELIVERY	C1876
M00565600	6560	BARE 18X60 10FR ENTERAL, UNI PLUS 135CM DELIVERY	C1876
M00565610	6561	BARE 18X90 10FR ENTERAL, UNI PLUS 135CM DELIVERY	C1876
M00565620	6562	BARE 20X60 10FR ENTERAL, UNI PLUS 135CM DELIVERY	C1876
M00565630	6563	BARE 20X90 10FR ENTERAL, UNI PLUS 135CM DELIVERY	C1876
M00565640	6564	BARE 22X60 10FR ENTERAL, UNI PLUS 135CM DELIVERY	C1876
M00565650	6565	BARE 22X90 10FR ENTERAL, UNI PLUS 135CM DELIVERY	C1876

WALLSTENT SINGLE-USE C1874 Stent, coated/covered, with delivery system
ESOPHAGEAL II
ENDOPROSTHESIS (WITH
PERMALUME® COVERING)

UPN	ORDER#	DESCRIPTION	CAT. CODE
M005440100	44010	ESOPH II 18FR 20X100 120C	C1874
M005440200	44020	ESOPH II 18FR 20X150	C1874

WALLSTENT SINGLE-USE C1769 Guidewire
GI GUIDEWIRE
(See Footnote 11)

UPN	ORDER#	DESCRIPTION	CAT. CODE
H965180011	18001	GUIDEWIRE, GI .035 500CM B/5	C1769

WALLSTENT SINGLE-USE C1874 Stent, coated/covered, with delivery system
TRACHEOBRONCHIAL
ENDOPROSTHESIS WITH
PERMALUME® COVERING
AND UNISTEP™ PLUS
DELIVERY SYSTEM

UPN	ORDER#	DESCRIPTION	CAT. CODE
H965454040	45404	NG PERMALUME, UNI PLUS HALO, 8FR, 8X20	C1874
H965454050	45408	NG PERMALUME, UNI PLUS HALO, 8FR, 8X40	C1874
H965454060	45406	NG PERMALUME, UNI PLUS HALO, 8FR, 8X60	C1874
H965454070	45407	NG PERMALUME, UNI PLUS HALO, 8FR, 8X80	C1874
H965455040	45504	NG PERMALUME, UNI PLUS HALO, 8FR, 10X20	C1874
H965455050	45505	NG PERMALUME, UNI PLUS HALO, 8FR, 10X40	C1874
H965455060	45506	NG PERMALUME, UNI PLUS HALO, 8FR, 10X60	C1874
H965455070	45507	NG PERMALUME, UNI PLUS HALO, 8FR, 10X80	C1874
H965456040	45604	NG PERMALUME, UNI PLUS HALO, 8FR, 12X20	C1874
H965456050	45605	NG PERMALUME, UNI PLUS HALO, 8FR, 12X40	C1874
H965456060	45606	NG PERMALUME, UNI PLUS HALO, 8FR, 12X60	C1874
H965456070	45607	NG PERMALUME, UNI PLUS HALO, 8FR, 12X80	C1874
H965457040	45704	NG PERMALUME, UNI PLUS HALO, 11FR, 14X20	C1874
H965457050	45705	NG PERMALUME, UNI PLUS HALO, 11FR, 14X40	C1874
H965457060	45706	NG PERMALUME, UNI PLUS, 11FR, 14X60	C1874
H965457070	45707	NG PERMALUME, UNI PLUS, 11FR, 14X80	C1874

NOTE: Footnotes can be found on page B1.
Please refer to "Important- Please Note" section on page i.

BOSTON SCIENTIFIC/Endoscopy C-CODE CROSS-REFERENCE GUIDE

Medicare mandates select C-codes (Cat. Code) effective January 1, 2005. C-codes will not trigger additional payment unless noted.

Stents (Endoscopy)

BRAND	CATEGORY CODE & DESCRIPTION
WALLSTENT® SINGLE-USE TRACHEOBRONCHIAL ENDOPROSTHESIS WITH PERMALUME® COVERING AND UNISTEP® PLUS DELIVERY SYSTEM	C1874 Stent, coated/covered, with delivery system

UPN	ORDER#	DESCRIPTION	CAT. CODE
H965458000	45800	NG PERMALUME, UNI PLUS, 11FR, 16X40	C1874
H965458010	45801	NG PERMALUME, UNI PLUS, 11FR, 16X60	C1874
H965459000	45900	NG PERMALUME, UNI PLUS, 13.5FR, 18X	C1874
H965459010	45901	NG PERMALUME, UNI PLUS, 13.5FR, 18X	C1874
H965461000	46100	NG PERMALUME, UNI PLUS, 13.5FR, 20X	C1874
H965461010	46101	NG PERMALUME, UNI PLUS, 13.5FR, 20X	C1874
H965462000	46200	NG PERMALUME, UNI PLUS, 13.5FR, 22X	C1874
H965462010	46201	NG PERMALUME, UNI PLUS, 13.5FR, 22X	C1874
H965463000	46300	NG PERMALUME, UNI PLUS, 13.5FR, 24X	C1874
H965463010	46301	NG PERMALUME, UNI PLUS, 13.5FR, 24X	C1874

APPENDIX

Ambulatory Payment Classification (APC) Pass-Through Resource List

CMS Mandates Select C-codes: Federal Register, November 15, 2004, Vol. 69 No. 219: Final Rule Medicare Hospital Outpatient Payment System. *Please monitor for quarterly updates.*

Select CMS (formerly HCFA) Program Memoranda Addressing Pass-Through Items

We encourage you to retain for your records all Program Memoranda related to changes to C-codes on the Pass-Through List to keep track of historical changes. Refer to the CMS website to access Program Memoranda. (http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp)

- November 20, 2005 Consolidated Device Edits; Hospital Outpatient Prospective Payment System (OPPS) Related Information.
- December 17, 2004, January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS); Transmittal 403; Pub. 100-04; Centers for Medicare & Medicaid Services (CMS)
- June 4, 2004 Summary of Changes; Transmittal 195 ; Pub 100-04; Centers for Medicare & Medicaid Services (CMS)
- July 2003 Update of the Hospital Outpatient Prospective Payment System (OPPS); Transmittal No. A-03-051, Centers for Medicare & Medicaid Services (CMS)
- Coding Information for Hospital Outpatient Prospective Payment System (OPPS), Transmittal No. A-00-42, Health Care Financing Administration, July 26, 2000 Effective August 1, 2000; discard after October 1, 2001.
- Update 1 — Coding Information for Hospital Outpatient Prospective Payment System (OPPS), Transmittal No. A-00-61, Health Care Financing Administration, September 6, 2000. (Effective October 1, 2000; discard after October 1, 2001.)
- Technical Corrections to Coding Information for Hospital Outpatient Prospective Payment System (OPPS), Transmittal No. A-00-72, Health Care Financing Administration, October 3, 2000.(Effective October 1, 2000; discard after October 1, 2001.)
- January 2001 Update: Coding Information for Hospital Outpatient Prospective Payment System (OPPS), Transmittal No. A-00-82, Health Care Financing Administration, November 3, 2000.(Effective January 1, 2001; discard after January 1, 2002.)
- Impact of the Benefits Improvement and Protection Act on Devices Eligible for Transitional Pass-Through Payments Under the Hospital Outpatient Prospective Payment System, Transmittal No. A-01-17, Health Care Financing Administration, January 31, 2001.(Effective January 20, 2001; discard after January 20, 2002.)
- Additional Information on Transitional Pass-Through Devices and Drugs, Transmittal No. A-01-40, Health Care Financing Administration, March 22, 2001. (Effective April 1, 2001; discard after April 1, 2002.)
- Categories for Use in Coding Devices Eligible for Transitional Pass-Through Payments Under the Hospital Outpatient Prospective Payment System, Transmittal A-01-41, Health Care Financing Administration, March 22, 2001. (Effective April 1, 2001; discard after April 1, 2002.)
- July 2001 Update to the Hospital Outpatient Prospective Payment System, Transmittal A-01-73, Health Care Financing Administration, June 1, 2001. (Effective dates vary; discard after July 1, 2002.)
- Technical Corrections Under the Hospital Outpatient Prospective Payment System (OPPS), Transmittal A-01-97, Centers for Medicare & Medicaid Services (CMS), August 8, 2001.(Effective dates vary; discard after April 1, 2002.)

Additional Information Sources on APCs and Medicare Policy

- Medicare Program; Prospective Payment System for Hospital Outpatient Services; Interim Final Rule, November 13, 2000. http://www.access.gpo.gov/su_docs/fedreg/a001113c.html
- Office of the Inspector General; Medicare Program; Prospective Payment System for Hospital Outpatient Services: Revisions to Criteria to Define New or Innovative Medical Devices, Drugs, and Biologicals Eligible for Pass-Through Payments and Corrections to the Criteria for the Grandfather Provision for Certain Federally Qualified Health Centers; Interim Final Rule, August 3, 2000. http://www.access.gpo.gov/su_docs/fedreg/a000803c.html

Frequently Asked Questions

1. What device codes are required?

C-codes are required to be reported with the large majority of CPT codes mapping to Device-Dependent APCs. These APCs are listed in the 11/20/05 Consolidated Device Edits of the CMS HOPPS Web Page, as well as Table 19 of the OPSS Final Rule for CY 2005. Should a claim not include a required C-code a denial of the claim is possible.

2. Are C-codes specifically for manufacturer use?

No. C-codes are used to identify and report pass-through devices, drugs, and services for hospitals under the OPSS. The latest list of C-codes can be found in Addendum B of the OPSS Final rule for CY 2008.

3. If an item is on the pass-through list, does it automatically mean that the item is covered by Medicare?

No. The pass-through code list is only for tracking (rarely payment) purposes and does not imply a coverage decision. Coverage determinations are made only through CMS' National Coverage Decision or by action of a local fiscal intermediary or carrier medical director.

4. How does billing and pass-through payment work for devices that are part of kits?

Manufacturers frequently package a number of individual items used in a particular procedure in a kit. Generally, to avoid complicating the category list unnecessarily and to avoid the possibility of double coding, we have not established codes for such kits. However, hospitals are free to purchase and use such kits. If the kits contain individual items that separately qualify for transitional pass-through payments, these items may be separately billed using applicable codes. Hospitals may not bill for transitional pass-through payments for supplies that may be contained in kits that do not individually qualify for pass-through payment. (HCFA Transmittal A-01-41, March 22, 2001, Attachment I, page 1)

5. How do I know if a device qualifies for pass-through status under the category scheme?

If a device fits into one of the categories and meets the pass-through criteria identified on page 4 (criteria A-G) of Transmittal A-01-41, then the hospital may bill for that device by using the appropriate category C-code. The manufacturer no longer needs to submit an individual application with CMS (HCFA) for determination for pass-through status. *Monitor CMS final rules and communications.*

6. How often will the category list be updated?

The category list is updated on a quarterly basis. New categories will be published through a program memorandum notice.

7. In the past, the pass-through payments were only available for item specific (brand/trade name) devices. The long descriptors for the new category C-codes do not indicate a vendor name or model number. Does this mean that any device, regardless of manufacturer name or model number, is eligible for pass-through payment if it fits into a category?

Yes. Regardless of manufacturer name or model number, a device is eligible for pass-through payment if it fits into a category and meets the pass-through criteria. However most C-codes are currently for data tracking purposes and do not result in a separate device payment

8. Specifically, what revenue code should be assigned to a medical device that has been granted pass-through status?

Refer to PM A-01-50, April 12, 2001 (http://cms.hhs.gov/manuals/pm_trans/A0150.pdf). Hospitals must report all pass-through devices using HCPCS codes that begin with a "C" under the most appropriate of the following revenue codes 0272, 0275, 0276, 0278, 0279, 0280, 0289, or 0624 to bill implantable or medical devices of brachytherapy and cryoablation that have been granted pass-through status. These devices should not be reported utilizing any other revenue code series or subcategories.

9. Why does Medicare require that only a single date be used for a specific Line Item Date of Service (LIDOS) for each revenue code on all outpatient and inpatient Part B Claims effective October 1, 2004?

The primary reason that Medicare has made edit changes to enforce that only a single date is used in the LIDOS field are as follows:

- In determining the national payment rates under the outpatient prospective payment system (OPSS), CMS uses the dates of service in order to correctly attribute the costs of packaged services and items to the procedure for which they are used. This requires the single LIDOS, not a date range.
- In order to ensure that CMS does not pay for services on a separate claim that were paid as part of a bundle on another claim, Medicare edits outpatient claims using the LIDOS. This applies to all services on inpatient hospital claims and all but a few specified exceptions on an inpatient SNF claim. This requires separate dates of service as opposed to a date range.

Therefore, so that CMS may support these business rules and facilitate recalibration of OPSS payment rates in future years, Medicare FIs will reject as unprocessable all outpatient claims and inpatient Part B claims that contain a range of dates in the LIDOS field.

Additional Information on Trademarks

- C-Flex is a trademark of Consolidated Polymer Technologies.
- CPT is a registered trademark of the American Medical Association.
- Crosswire, Headliner, Glidewire, Glidewire Gold, and Pinnacle and Destination are trademarks of Terumo Corp.

FOOTNOTES

- 1 CMS incorrectly mapped Dispatch®, Crosswire®, Glidewire®, Glidewire Gold™, Headliner® and Pinnacle® catheter to C1725 in PM Transmittal A-10-41 (March 22, 2001). PM Transmittal A-01-97 (August 8, 2001) corrected this and changed Dispatch from C1725 to C1751 effective April 1, 2001.
- 2 C1724 is for the Catheter and Burr. In addition, report C1894 for the advancer (HCFA Transmittal A001-41, March 22, 2001.)
- 3 CMS incorrectly mapped NIR® Biliary stent to C1876 in PM Transmittal A-10-41 (March 22, 2001). PM Transmittal A-01-97 (August 8, 2001) corrected this and changed NIR® Biliary Stent from C1876 to C1877 effective April 1, 2001.
- 4 This model number is cleared by the FDA for two indications: Transhepatic Biliary Strictures and Tracheobronchial Strictures.
- 5 This model number is cleared by the FDA for three indications: Transhepatic Biliary Strictures, Tracheobronchial Strictures and TIPS.
- 6 CMS incorrectly mapped Wallgraft® Tracheobronchial Endoprosthesis to C1876 in PM Transmittal A-01-41 (March 22, 2001). PM Transmittal A-01-97 (August 8, 2001) corrected this and changed the Wallgraft from C1876 to C1874 effective April 1, 2001.
- 7 For devices packaged in kits, hospitals may bill for the components of the kits that individually qualify under the new category pass-through C-codes. (See Appendix)
- 8 Effective January 1, 2001, HCFA removed the LeVein® Needle Electrode from the list of eligible devices. We have asked CMS to review their classification of RFA and the LeVein Electrode under APCs.
- 9 CMS incorrectly mapped the Constellation® catheter to C1731 in PM Transmittal A-01-41 (March 22, 2001). PM Transmittal A-01-97 (August 8, 2001) corrected this and changed Constellation from C1731 to C1732 effective April 1, 2001.
- 10 CMS incorrectly mapped the disposable sheaths that may be used with Ultra ICE™ catheters to C1894 in PM Transmittal A-01-41 (March 22, 2001). PM Transmittal A-01-97 (August 8, 2001) corrected this and changed these disposable sheaths from C1894 to C1893 effective April 1, 2001.
- 11 In the Program Memorandum issued by CMS on March 22, 2001 (A-01-41) it is stated that "Other items may be billed using the category codes, even though HCFA has not qualified them on an item-specific basis." To qualify for pass-through payment, an item must (1) Meet the definition of device that qualifies for pass-through payments as stated in CMS' Program Memorandum (A-01-41); (2) Be described by the long descriptor associated with a category code assigned by CMS; and (3) Accord with definitions of terms and other general explanations issued by CMS to accompany coding assignments in PM A-01-41 or subsequent instructions. Accordingly, if the preceding requirements are met, the devices identified herein may be eligible for pass-through payment under Medicare's Hospital Outpatient Prospective Payment System's transitional pass-through payment provisions.
- 12 This model number is cleared by the FDA for two indications: Transhepatic Biliary Strictures, Tracheobronchial Strictures, and Venous.
- 13 This model number is cleared by the FDA for two indications: Tracheobronchial Strictures and Venous.

FOOTNOTES

- 14 Please note in CMS Transmittal A-01-41 (3/22/01), the Centers for Medicare and Medicaid Services mapped Chilli® catheter and Chilli® RPM™ catheter to category C-code C2630.
- 15 Effective January 1, 2003 CMS PM Transmittal A-02-129 (January 3, 2003) and will expire December 31, 2004 as noted in the Federal Register Vol. 68, No. 216, Hospital Outpatient Prospective Payment System Final Rule (November 7, 2003).
- 16 Hospitals may report HCPCS code C1874, "Stent, coated/covered, with delivery system" with an appropriate Revenue Code to report their charge for drug-eluting coronary stents. CMS Pub. 100-04 Transmittal 195 (June 4, 2004).
- 17 CMS review of the PolarCath® Peripheral Dilatation System C-code application determined that "the item is described by a previously existing category of devices for pass-through payment, C1725, "Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)". (May 18, 2004 letter to Boston Scientific)

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