

**GuidePoint**

Simplifying Reimbursement

**Urology and Women's Health**

## C-Code Cross-Reference Guide to Boston Scientific Urology and Women's Health Products

C-codes are required by Medicare on claims where procedures are billed under the Outpatient Prospective Payment System (OPPS). They are used to track the types of devices used during applicable outpatient procedures and to ensure that both procedures and devices are appropriately billed. Claims can be returned if the primary device required for the procedure is not included on the same claim. Separate device reimbursement is not driven by C-code use. It is important to charge appropriately for device-related procedures because hospital's charging practices will determine adequacy of future Medicare hospital outpatient rates. Medicare sets new hospital outpatient rates using hospital claims and cost data from prior years.

When hospitals fail to include appropriate device charges on the claim, this reduces future payment rates because the device-related costs are not captured for that service. As a result, it is important for hospitals to accurately reflect all procedure costs in insurance claims charges, including device cost, using the appropriate C-code, where applicable in conjunction with revenue code 278 Medical/Surgical Supplies and Devices - Other Implant.

***Medicare does not have a C-Code category for every BSC Urology and Women's Health product.***

## Medicare Hospital Outpatient Ambulatory Payment Classifications (APCs)

APCs refers to the groupings of procedure codes under 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, uniform payments for each procedure grouped within a given 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.

## Centers for Medicare and Medicaid Services Changes C-code Policy

(Certain C-codes mandated effective 1/1/05)

Effective January 1, 2005, Medicare identified a number of device-dependent Ambulatory Payment Classifications (APCs) that would require C-code reporting for outpatient procedures to pass C-code edits. The quarterly documents entitled "Procedure to Device Edits" and the "Device to Procedure Edits" updates are located at [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/device\\_procedure.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/device_procedure.html). 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 0427-C2617, APC 0427-C1758, and APC 0427-C1729 will be subject to the mandatory requirements.

## Urology and Women's Health C-codes

### Urology

C-code	Code Description	Device Impacted
C1726	Catheter, balloon dilatation, nonvascular	NephroMax™ High Pressure Balloon Dilatation Catheter
		Passport™ Balloon Dilatation Catheter
		UroMax Ultra™ Balloon Dilatation Catheter
C2617	Stent, noncoronary, temporary, without delivery system	Contour™ Ureteral Stent
		Contour Injection Stent,
		Contour VL™ Ureteral Stent
		Madris Soft Ureteral Stent
		Polaris™ Loop Ureteral Stent
		Polaris Ultra Ureteral Stent
		Percuflex™ Ureteral Stent
		Percuflex Plus Ureteral Stent
		Retromax™ Plus Endopyelotomy Stents
		Stretch™ VL Flexima™ Ureteral Stent
C1758	Catheter, ureteral	Axxcess™ 6 French Catheters
		C-Flex™ Flexible Tip Open End Ureteral Catheters
		C-Flex Firm Open End Ureteral Catheters
		C-Flex Firm Stamey Open Tip Ureteral Catheters
		C-Flex Ureteral Pigtail Catheters Ureteral Catheters
		Dual lumen catheters
		Flexima Ureteral Catheters
		Imager™ II Catheters
C1729	Catheter, drainage	Malecot Nephrostomy Catheters
		Percuflex Locking Loop All Purpose Drainage Catheter with Fader Tip
		Percuflex Locking Loop Nephrostomy Catheter with Fader Tip™
		Percuflex Combination Stent/Nephrostomy Catheter

## Urology

C-code	Code Description	Device Impacted
C1729	Catheter, drainage	Percuflex™ Locking Loop Nephrostomy Catheter
		Re-Entry™ Malecot Nephrostomy Catheters
C1769	Guidewires	Amplatz Super Stiff™ PTFE Coated Guidewires
		Benston-Type Stiff Shaft Glidewire™ Guidewires
		Bentson-Type Glidewire Guidewires
		PTFE Coated Guidewires (Fixed Core)
		PTFE Coated Guidewires (Fixed Core, Stiff Bodied)
		PTFE Coated Guidewires (Moveable Core)
		Sensor™ PTFE-Nitinol Guidewires
		Sensor Dual-Flex PTFE-Nitinol Guidewires
		Standard Lubriglide™ Coated Guidewires (Fixed Core)
		Standard Lubriglide Coated Guidewires (Fixed Core, Stiff Bodied)
		Standard Lubriglide Coated Guidewires (Moveable Core)
		Standard Glidewire Guidewires
		Stiff Shaft Glidewire Guidewires
Zebra™ Urological Guidewires		

## Women's Health

C-code	Code Description	Device Impacted
C1762	Connective tissue, human (includes fascia lata)	Repliform™ Tissue Regeneration Matrix
C1763	Connective Tissue, nonhuman (includes synthetic)	Polyform™ Synthetic Mesh
		Uphold™ LITE Vaginal Support System
		Upsilon™ Y Mesh
		Xenform™ Tissue Repair Matrix
C1771	Repair device, urinary, incontinence, with sling graft	Advantage™ System (Transvaginal)
		Advantage Fit™ System (Transvaginal)
		Lynx™ System (Suprapubic)

## Women's Health

C-code	Code Description	Device Impacted
C1771	Repair device, urinary, incontinence, with sling graft	Obtryx™ System Halo or Curved (Transobturator)
		Obtryx II System Halo or Curved (Transobturator)
		Prefyx PPS™ System (Pre Pubic)
		Solyx™ SIS System (Single Incision)
C2631	Repair device, urinary, incontinence, without sling graft	Capio™ and Capio CL Suture Capturing Device
		Capio SLIM Suture Capturing Device
		Precision SpeedTac™ Transvaginal Anchor System
		Precision Twist™ Transvaginal Anchor System

Find C-codes and payment guides for all Boston Scientific products at:

<http://www.bostonscientific.com/Reimbursement>

Also find all available C-codes at:

<http://www.cms.gov/Medicare/Coding/HCPSCReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2013-Alpha-Numeric-HCPCS.html>

Please call the Urology/Women's Health Reimbursement Helpdesk at 1-800-876-9960 Ext. 4022 if you have any questions.

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.

Advantage, Advantage Fit, Capio, Axxcess, Contour, Contour VL, Flexima, Lubriglide, Lynx, Nephromax, Obtryx, Passport, Percuflex, Polaris, Polyform, Precision SpeedTac, Precision Twist, Retromax, Sensor, Solyx, Uphold, Uromax Ultra, Zebra, Stretch, Imager, Fader Tip, Re-Entry, Amplatz Super Stiff, Upsilon, Prefyx PPS and Xenform are registered or unregistered trademarks of Boston Scientific Corporation or its affiliates. All other trademarks are property of their respective owners.

Accordingly for medical devices:

**CAUTION:** Federal Law (USA) restricts these devices to sale by or on the order of a physician.

Accordingly for mesh for stress urinary incontinence:

**CAUTION:** Federal Law (USA) restricts this device to sale by or on the order of a physician trained in use of mesh for the repair of stress urinary incontinence.

Accordingly for mesh for transvaginal repair of pelvic organ prolapse:

**CAUTION:** Federal Law (USA) restricts this device to sale by or on the order of a physician trained in use of surgical mesh for transvaginal repair of pelvic organ prolapse.

Repliform Tissue Regeneration Matrix complies with U.S. Regulations in 21 CFR part 1270 and 1271 Human Tissue Intended for Transplantation.

CPT copyright 2013 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. 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 that are rendered. 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.