To advance and manage pancreaticobiliary diseases efficiently and effectively you need a suite of access and cannulation solutions, supported by clinical evidence and designed to deliver the best patient care possible.

Successful cannulation is a critical first step for all ERCP procedures and having the right guidewire can make a real difference, from the most simple to the most complex cases.

Introducing the Jagwire Revolution
High Performance Guidewire...

**Jagwire™ Revolution**
High Performance Guidewire

---

**GET WIRED FOR SUCCESS**

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Introducing the Jagwire Revolution
High Performance Guidewire...

**Similar Stiffness and Pushability of our .035” in a .025” Guidewire**

The Jagwire Revolution High Performance Guidewire is a versatile .025” guidewire engineered to have the stiffness and pushability that you would expect in our Jagwire .035” guidewire combined with both access and exchange characteristics to help improve completion rates of initial ERCPs.

**Efficient Access and Navigation**

- Tight alpha-loop formation designed for knuckling through challenging ducts and strictures
- Atraumatic 5cm hydrophilic tapered tip
- Super elastic Nitinol core designed to enhance performance in tortuous anatomy

**Navigation in Tortuous Anatomy**

- Hydrophilic coating designed to aid passability through devices and difficult strictures
- Straight and angled tips for physician preference and difficult anatomy
- Engineered to facilitate precise torque ability of the angled tip

**Improved Visualization Design**

- Tungsten filled tip for improved fluoroscopic visualization
- Striped guidewire movement markers

**Control and Durability**

- RX Biliary System compatible design helps enable clinician to maintain control of the guidewire throughout the procedure and engage the locking mechanism
- Innovative and durable coating design

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*Data on File PDN E0445*
Indications for Use

The Jagwire Revolution High Performance Guidewire is indicated for use in selective cannulation of the biliary ducts including the common bile duct, pancreatic duct, cystic duct, and right and left hepatic ducts. The endoscopic guidewire is designed to be used during endoscopic pancreaticobiliary procedures for catheter introduction, exchanges of catheters, cannulas, and sphincterotomes, and to aid in the placement of diagnostic and therapeutic devices.

Ordering Information: Jagwire Revolution High Performance Guidewire

<table>
<thead>
<tr>
<th>Order Number</th>
<th>GTIN</th>
<th>Description</th>
<th>Distal Tip O.D. (Fr)</th>
<th>Working Length (cm)</th>
<th>Tip Style</th>
<th>Tip</th>
<th>Packaging (e.g., Box 2)</th>
<th>Pricing</th>
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<tr>
<td>M00557001</td>
<td>08714729934974</td>
<td>Jagwire Revolution High Performance Guidewire - ST</td>
<td>.025</td>
<td>260</td>
<td>Straight</td>
<td>Round</td>
<td>Box 2</td>
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<td>M00557011</td>
<td>08714729934981</td>
<td>Jagwire Revolution High Performance Guidewire - ANG</td>
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Ordering Information: Jagtome™ Revolution RX Cannulating Sphincterotome (Autotome™ Preloaded with Jagwire Revolution High Performance Guidewire)

<table>
<thead>
<tr>
<th>Order Number</th>
<th>GTIN</th>
<th>Description</th>
<th>Cut Wire (mm)</th>
<th>Tip Diameter (Fr)</th>
<th>Distal Tip O.D. (Fr)</th>
<th>.025/.260 Jagwire Revolution Guidewire</th>
<th>Guidewire Tip Style</th>
<th>Packaging (e.g., each)</th>
<th>Pricing</th>
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<tr>
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<td>Jagtome Revolution RX 39 Sphincterotome</td>
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<td>Each</td>
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<tr>
<td>M00584260</td>
<td>08714729953258</td>
<td>Jagtome Revolution RX 39 Sphincterotome</td>
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<td>.025/.450 Jagwire Revolution Guidewire</td>
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<td>Jagtome Revolution RX 39 Sphincterotome</td>
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<td>.025/.450 Jagwire Revolution Guidewire</td>
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Ordering Information: TRUEtome™ Revolution RX Cannulating Sphincterotome (TRUEtome™ Preloaded with Jagwire Revolution High Performance Guidewire)

<table>
<thead>
<tr>
<th>Order Number</th>
<th>GTIN</th>
<th>Description</th>
<th>Cut Wire (mm)</th>
<th>Tip Diameter (Fr)</th>
<th>Pre-loaded GW (10cm)</th>
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<td>M00583270</td>
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<td>TRUEtome Revolution 39-30-450-025</td>
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<td>450cm Jagwire Revolution</td>
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<td>Each</td>
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## Reimbursement Codes

### Diagnostic

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<tr>
<th>CPT Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>43260</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)</td>
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</table>

### Therapeutic

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>43261</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple</td>
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<tr>
<td>43262</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy</td>
</tr>
<tr>
<td>43263</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi</td>
</tr>
<tr>
<td>43264</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)</td>
</tr>
<tr>
<td>43265</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)</td>
</tr>
<tr>
<td>43266</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct</td>
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<tr>
<td>43267</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed</td>
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### Stenting

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>43274</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent</td>
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<tr>
<td>43275</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)</td>
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<tr>
<td>43276</td>
<td>Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged</td>
</tr>
</tbody>
</table>

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**Boston Scientific Contact Information**

Name: ___________________________  Title: ___________________________

Phone Number: ______________________  E-mail: ___________________________

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