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In 2004, CMS reinstated the use of device C-codes for cost tracking purposes.¹ Although there is no separate payment available under the OPSS for most device C-codes, it is important for hospitals to report the C-code and an appropriate charge on their claims for each item provided. This data will be used by CMS to determine future APC payment rates and to ensure that the cost of associated devices is appropriately accounted for in each APC. The following table lists relevant device C-codes that may apply to Cordis Corporation vascular products:

Code	HCPCS Description	Cordis® Products
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion / perfusion capability) ²	EMPIRA® Dilatation PTCA Balloons FLASH™ Ostial System OPTA® Pro PTA Catheter MAXI LD® PTA Dilatation Catheter MOZEC™ PTCA Balloon Dilatation Catheter MOZEC™ NC Rx PTCA Balloon Dilatation Catheter POWERFLEX® Pro, Extreme, & P3 PTA Dilatation Catheters SABER® PTA Catheter SLEEK® RX & SLEEK® OTW Catheter
C1760	Closure device, vascular (implantable / insertable)	EXOSEAL™ Vascular Closure Device MYNX ACE® Vascular Closure Device MYNXGRIP® Vascular Closure Device
C1769	Guide wire	EMERALD® Diagnostic Guidewire AQUATRACK® Guidewire
C1874	Stent, coated/covered, with delivery system.	EluNIR™ Ridaforolimus Eluting Coronary Stent System
C1876	Stent, non-coated/non-covered, with delivery system	PRECISE PRO RX® Carotid Stent S.M.A.R.T.® Transhepatic Biliary Stents S.M.A.R.T.® Family of Vascular Stents TRYTON Side Branch Stent NirXCell™ Co-Cr Coronary Stent System
C1877	Stent, non-coated/non-covered, without delivery system	PALMAZ® Peripheral Stent
C1880	Vena cava filter	OPTEASE® Vena Cava Filter & Retrieval Catheter TRAPEASE® Vena Cava Filter & Retrieval Catheter
C1884	Embolization protective system	ANGIOGUARD® RX Guidewire System
C1887	Catheter, guiding (may include infusion / perfusion capability)	ADROIT® Guiding Catheter VISTA BRITE TIP® Guiding Catheters

¹ Medicare Claims Processing Manual, Chapter 4 – Part B Hospital (Including Inpatient Hospital Part B and OPSS), §61 – Billing for Devices Under the OPSS; <http://www.cms.hhs.gov/manuals/downloads/clm104c04.pdf>

² C1725 is recommended for reporting use of the FLASH™ Ostial System in an outpatient setting.

Code	HCPCS Description	Cordis® Products
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	AVANTI® Introducer Sheath
N/A	No C-code is assigned for these devices.	ELITECROSS™ Support Catheter INFINITI® Diagnostic Catheter FRONTRUNNER® XP CTO Catheter OUTBACK® Catheter SUPER TORQUE® Flush Catheter TEMPO AQUA® Catheter

Hospitals must continue to assign a revenue code in addition to the C-code for each device reported on a claim.³ It should be noted that not every device has a corresponding HCPCS C-code. These devices are tracked internally by a facility-assigned identifier code. When the facility lists these items on a claim, the charge is assigned to the appropriate revenue code and the procedure code field is left blank.

Device-Dependent Procedures

Continuing in 2018, CMS requires hospitals to report C-codes on claims for devices used in procedures that are reimbursed under certain device-dependent APCs.⁴ This requirement is intended to allow CMS to better calculate the correct relative costs of device-dependent APCs in relation to other hospital outpatient prospective payment system (OPPS) services. For example, the following endovascular and cardiovascular procedure codes require related device C-codes to be reported on the same claim:

- Endovascular revascularization of lower extremities (37220 – 37235)
- Transluminal balloon angioplasty (37246 - 37249)
- Transluminal atherectomy (0234T – 0238T)
- Transcatheter retrieval of intravascular foreign body (37197)
- Transcatheter occlusion or embolization (37241 – 37244)
- Transcatheter placement of non-coronary stent(s) (37236 – 37239)
- Transcatheter placement of carotid artery stent with embolic protection (37215)
- Transluminal coronary balloon angioplasty (92920 – 92921)
- Transcatheter placement of intracoronary stent (92928 – 92929)
- Transcatheter coronary atherectomy (92924 – 92925)
- Transcatheter coronary atherectomy plus stent placement (92933 – 92934)
- Revascularization of or through a coronary artery bypass (92937 – 92938)
- Revascularization of acute total/subtotal occlusion during acute myocardial infarction (92941)
- Revascularization of a chronic total occlusion of coronary artery (92943 – 92944)
- Coronary interventions with drug-eluting intracoronary stent (C9600 – C9608)

CMS will continue to review procedures to determine whether additional device-dependent edits are necessary, and may update the edits on a quarterly basis. Hospitals are not required to report C-codes when performing procedures for non-device-dependent APCs, but they are encouraged to report the corresponding C-codes to support cost tracking and more appropriate APC payment in coming years.

Coding Assistance

For additional assistance contact our Reimbursement Hotline at 866-369-9290 or email us at cardinalhealth@thepinnaclehealthgroup.com.

³ A revenue code to cost center crosswalk is available on the CMS website at: <http://www.cms.gov/HospitalOutpatientPPS>, Annual Policy Files.

⁴ A complete listing of the current procedure-to-device and device-to-procedure edits may be downloaded from the CMS website: http://www.cms.gov/HospitalOutpatientPPS/02_device_procedure.asp#TopOfPage

The information in this guide is broad-based and references many different procedures and types of devices. Such a broad discussion is not intended to suggest or imply that Cordis offers products for every use or procedure discussed and the FDA-cleared or approved labeling for all products may not be consistent with the information in this guide. Important information: Prior to use, refer to the instruction for use supplied with this device for indications, contraindications, side effects, suggested procedure, warnings and precautions.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

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