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In 2004, CMS reinstated the use of device C-codes for cost tracking purposes. Although there is no separate payment available under the OPPS 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:

<table>
<thead>
<tr>
<th>Code</th>
<th>HCPCS Description</th>
<th>Cordis® Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1725</td>
<td>Catheter, transluminal angioplasty, non-laser (may include guidance, infusion / perfusion capability)</td>
<td>EMPIRA® Dilatation PTCA Balloons&lt;br&gt;FLASH™ Ostial System&lt;br&gt;OPTA® Pro PTA Catheter&lt;br&gt;MAXI LD® PTA Dilatation Catheter&lt;br&gt;MOZEC™ PTCA Balloon Dilatation Catheter&lt;br&gt;MOZEC™ NC Rx PTA Balloon Dilatation Catheter&lt;br&gt;POWERFLEX® Pro, Extreme, &amp; P3 PTA Dilatation Catheters&lt;br&gt;SABER® PTA Catheter&lt;br&gt;SLEEK® RX &amp; SLEEK® OTW Catheter</td>
</tr>
<tr>
<td>C1760</td>
<td>Closure device, vascular (implantable / insertable)</td>
<td>EXOSEAL™Vascular Closure Device&lt;br&gt;MYNX ACE® Vascular Closure Device&lt;br&gt;MYNXGRIP® Vascular Closure Device</td>
</tr>
<tr>
<td>C1769</td>
<td>Guide wire</td>
<td>EMERALD® Diagnostic Guidewire&lt;br&gt;AQUATRACK® Guidewire</td>
</tr>
<tr>
<td>C1876</td>
<td>Stent, non-coated/non-covered, with delivery system</td>
<td>PRECISE PRO RX® Carotid Stent&lt;br&gt;S.M.A.R.T.® Transhepatic Biliary Stents&lt;br&gt;S.M.A.R.T.® Family of Vascular Stents&lt;br&gt;TRYTON Side Branch Stent</td>
</tr>
<tr>
<td>C1877</td>
<td>Stent, non-coated/non-covered, without delivery system</td>
<td>PALMAZ® Peripheral Stent</td>
</tr>
<tr>
<td>C1880</td>
<td>Vena cava filter</td>
<td>OPTEASE®Vena Cava Filter &amp; Retrieval Catheter&lt;br&gt;TRAPEASE® Vena Cava Filter &amp; Retrieval Catheter</td>
</tr>
<tr>
<td>C1884</td>
<td>Embolization protective system</td>
<td>ANGIOGUARD® RX Guidewire System</td>
</tr>
<tr>
<td>C1887</td>
<td>Catheter, guiding (may include infusion / perfusion capability)</td>
<td>ADROIT® Guiding Catheter&lt;br&gt;VISTA BRITE TIP® Guiding Catheters</td>
</tr>
<tr>
<td>C1894</td>
<td>Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser</td>
<td>AVANTI® Introducer Sheath</td>
</tr>
</tbody>
</table>

2 C1725 is recommended for reporting use of the FLASH™ Ostial System in an outpatient setting.
<table>
<thead>
<tr>
<th>Code</th>
<th>HCPCS Description</th>
<th>Cordis® Products</th>
</tr>
</thead>
</table>
| 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. 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 2017, CMS requires hospitals to report C-codes on claims for devices used in procedures that are reimbursed under certain device-dependent APCs. 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 Coding Assistance Hotline at 877.297.4371 or email us at cordishotline@prgweb.com.

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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