

VASCULAR

# HCPCS DEVICE CATEGORY C-CODES CODING GUIDE

# HCPCS DEVICE CATEGORY C-CODES

## INTRODUCTION

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Please direct your questions to our Hotline support which is available from 8 a.m. to 5 p.m. central time, Monday through Friday at (855) 569-6430. Hotline reimbursement assistance is provided subject to the disclaimers set forth in this guide.

## DISCLAIMER

This document and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal, reimbursement, business, clinical, or other advice. Furthermore, it is not intended to and does not constitute a representation or guarantee of reimbursement, payment, or charge, or that reimbursement or other payment will be received. It is not intended to increase or maximize payment by any payer. Similarly, nothing in this document should be viewed as instructions for selecting any particular code, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial, coding, or reimbursement specialist for any questions related to coding, billing, reimbursement or any related issues. This update reproduces information for reference purposes only. It is not provided or authorized for marketing use.

The Medicare Hospital Outpatient Prospective Payment System (OPPS)

requires providers to report device category C-codes on claims in order to improve the claims data used to annually update the OPPS payment rates. Based on the CY2020 OPPS Final Rule, CMS will no longer implement specific procedure-to-device or device-to-procedure edits for any APCs. Instead, CMS has created claims processing edits that require any device codes used in previous device-to-procedure edits to be included on claims that include procedure codes assigned to device-dependent APCs.

## HCPCS AND REVENUE CODES

Level II HCPCS codes, including C-codes, are not applicable to Valve and Vascular and Mechanical Circulatory Support procedures as they are restricted to the inpatient hospital site of service. C-codes are used in conjunction with the Medicare prospective payment system for outpatient procedures only.

Revenue codes help hospitals categorize services provided by revenue center. Medicare utilizes revenue codes for cost reporting purposes. For Medicare, revenue codes must be included for each service on a CMS 1450 (UB-04) claim form. It may be appropriate for hospitals to capture the cost of products used for the procedures described above within Revenue Code 0278 (Medical/Surgical Supply – Other Implant) or Revenue Code 0360 (Operating Room Services - General). Health Care Common Procedural Coding System (HCPCS) codes include level I codes (CPT<sup>®</sup> Code, described above) and level II codes (other products, supplies, and services not included in CPT<sup>®</sup> Code).



## VASCULAR CATEGORY C-CODES

C-CODE	DEVICE	MODEL
GUIDEWIRE		
C1769	PressureWire™	12006, 12306, 12056, 12356, 12058, 12358
	AMPLATZER™ Guidewire	9-GW-001, 9-GW-002, 9-GW-003, 9GW-004
GUIDEWIRE		
C1769	Command Guide Wire (Hi-Torque Guide Wire)	
	Connect Guide Wire (Hi-Torque Guide Wire)	
	FLEX-T Guide Wire system	
	BareWire Filter Delivery Wires	
	Spartacore Peripheral Guide Wire (Hi-Torque Guide Wire)	
	Steelcore Peripheral Guide Wire (Hi-Torque Guide Wire)	
	Supra Core Peripheral Guide Wire (Hi-Torque Guide Wire)	
	Surepath Guidewire	
EMBOLIZATION PROTECTION SYSTEM		
C1884	Accunet Embolic Protection System (RX)	
	Emboshield NAV6 Embolic Protection System	

## VASCULAR CATEGORY C-CODES

**C-CODE**   **DEVICE**

INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRACARDIAC, ELECTROPHYSIOLOGICAL, NONLASER

C1894   Guide Wire Introducer

STENT COATED/COVERED WITH DELIVERY SYSTEM

GRAFTMASTER RX Coronary Stent Graft System

JOSTENT GRAFTMASTER Coronary Stent Graft System

XIENCE Alpine Everolimus Eluting Coronary Stent System (RX/OTW)

C1874   XIENCE Sierra Everolimus Eluting Coronary Stent System (RX/OTW)

XIENCE Skypoint Everolimus Eluting Coronary Stent System (RX/OTW)

XIENCE Xpedition Everolimus Eluting Coronary Stent System (RX)

JOSTENT GRAFTMASTER Coronary Stent Graft System (HUD)

STENT NON-COATED/ON-COVERED WITH DELIVERY SYSTEM

Absolute Pro Vascular Self-Expanding Stent System (OTW)

Acculink Carotid Stent System (RX)

Herculink Elite Renal Stent System (RX)

C1876   MULTI-LINK MINI VISION Coronary Stent System (/RX)

MULTI-LINK ULTRA Coronary Stent System (/RX)

Omnalink Elite Vascular Balloon-Expandable Stent System

Supera Peripheral Stent System

Xact Carotid Stent System

## VASCULAR CATEGORY C-CODES

### C-CODE DEVICE

#### CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)

Perclose A-T Suture-Mediated Closure System

Perclose ProGlide Suture-Mediated Closure System

C1760 Perclose ProStyle Suture-Mediated Closure System

Prostar XL10F Percutaneous Vascular Surgical System

Starclose SE Vascular Closure System

#### CATHETERS, THROMBECTOMY / EMBOLECTOMY

C1757 JETi AIO Peripheral thrombectomy System

#### CATHETERS

C1725 TREK Coronary Dilatation Catheter (RX / OTW)

Viatrac 14 Plus Peripheral Dilatation Catheter

#### CATHETER, TRANSLUMINAL, ANGIOPLASTY, NON-LASER (may include guidance, infusio/perfusion capability)

Armada PTA Catheter (14, 35, 35 LL)

Fox Plus PTA Catheter

Fox sv PTA Catheter

C1725 FoxCross .035 PTA Catheter

MINI TREK/ MINI TREK II Coronary Dilatation Catheter (RX/OTW)

NC TREK Coronary Dilatation Catheter (OTW/RX)

TREK Coronary Dilatation Catheter (RX / OTW)

Viatrac 14 Plus Peripheral Dilatation Catheter

C1887 Catheter, Guiding (May Include Infusion/Perfusion Capability)

## REFERENCE

CMS, 2020 Alpha-Numeric Index HCPCS file: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File>

**CAUTION:** This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at [eifu.abbottvascular.com](http://eifu.abbottvascular.com) or at [medical.abbott/manuals](http://medical.abbott/manuals) for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

Information contained herein for DISTRIBUTION in the U.S. ONLY.

### Abbott

3200 Lakeside Dr., Santa Clara, CA 95054 USA, Tel: 1 800 227 9902

[www.cardiovascular.abbott](http://www.cardiovascular.abbott)

™ Indicates a trademark of the Abbott group of companies.

‡ Indicates a third party trademark, which is property of its respective owner.

©2023 Abbott. All rights reserved.

MAT-2004226 v5.0 | HE&R approved for non-promotional use only.