HEALTH ECONOMICS & REIMBURSEMENT

**VASCULAR**

# HCPCS DEVICE CATEGORY C-CODES CODING GUIDE

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# HCPCS DEVICE CATEGORY C-CODES

## INTRODUCTION

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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‡ Code, described above) and level II codes (other products, supplies, and services not included in CPT‡ Code).

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# VASCULAR CATEGORY C-CODES

| C-CODE | DEVICE |
|---|---|
| CATHETER, TRANSLUMINAL, ANGIOPLASTY, ROTATIONAL | |
| C1724 | Diamondback 360 Peripheral Orbital Atherectomy System |
| | Diamondback 360 Peripheral Orbital Atherectomy System, Exchangeable Series |
| | Diamondback 360 Coronay Orbital Atherectomy System |
| | Stealth 360 Peripheral Orbital Atherectomy System |
| CATHETERS, TRANSLUMINAL, ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY) | |
| C1725 | Armada PTA Catheter (14, 35, 35 LL) |
| | Fox Plus PTA Catheter |
| | Fox sv PTA Catheter |
| | FoxCross .035 PTA Catheter |
| | JADE PTA Balloon Catheter |
| | MINI TREK/ MINI TREK II Coronary Dilatation Catheter (RX/OTW) |
| | NC TREK Coronary Dilatation Catheter (OTW/RX) |
| | TREK Coronary Dilatation Catheter (RX / OTW) |
| | Teleport Microcatheter |
| | Sapphire NC Plus and Sapphire NC24 Coronary Balloon Dilation Catheter |
| | Sapphire PRO Ballon Dilatation |
| | Scoreflex NC Scoring PTCA Catheter |
| | Viatrac 14 Plus Peripheral Dilatation Catheter |
| | ViperCross Support Catheter |
| | VIPERCATH XC Peripheral Exchange Catheter |

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# VASCULAR CATEGORY C-CODES

| C-CODE | DEVICE |
|---|---|
| **CATHETERS, THROMBECTOMY / EMBOLECTOMY** | |
| C1757 | JETi AIO Peripheral thrombectomy System |
| **CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)** | |
| C1760 | Perclose A-T Suture-Mediated Closure System |
| | Perclose ProGlide Suture-Mediated Closure System |
| | Perclose ProStyle Suture-Mediated Closure System |
| | Prostar XL10F Percutaneous Vascular Surgical System |
| | Starclose SE Vascular Closure System |
| **GUIDEWIRE** | |
| C1769 | AMPLATZER™ Guidewire 9-GW-001, 9-GW-002, 9-GW-003, 9GW-004 |
| | PressureWire™ 12006, 12306, 12056, 12356, 12058, 12358 |
| | Command Guide Wire (Hi-Torque Guide Wire) |
| | Connect Guide Wire (Hi-Torque Guide Wire) |
| | FLEX-T Guide Wire system |
| | BareWire Filter Delivery Wires |
| | Shepherd™ Perpheral Guidewires |
| | 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 |
| | Viper Wire Advance Guidewire and ViperWire Advance with Flex Tip Guidewide (to be used with the Diamonback 360 and Stealth 360 Systems) |
| | Zilient Peripheral Guidewire |

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# VASCULAR CATEGORY C-CODES

| C-CODE | DEVICE |
|---|---|
| STENT, COATED/COVERED, WITH DELIVERY SYSTEM | |
| C1874 | GRAFTMASTER RX Coronary Stent Graft System |
| | JOSTENT GRAFTMASTER Coronary Stent Graft System |
| | XIENCE Alpine Everolimus Eluting Coronary Stent System (RX/OTW) |
| | 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/NON-COVERED, WITH DELIVERY SYSTEM | |
| C1876 | Absolute Pro Vascular Self-Expanding Stent System (OTW) |
| | Acculink Carotid Stent System (RX) |
| | Herculink Elite Renal Stent System (RX) |
| | MULTI-LINK MINI VISION Coronary Stent System (/RX) |
| | MULTI-LINK ULTRA Coronary Stent System (/RX) |
| | Omnilink Elite Vascular Balloon-Expandable Stent System |
| | Supera Peripheral Stent System |
| | Xact Carotid Stent System |
| EMBOLIZATION PROTECTION SYSTEM | |
| C1884 | Accunet Embolic Protection System (RX) |
| | Emboshield NAV6 Embolic Protection System |

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# VASCULAR CATEGORY C-CODES

| C-CODE | DEVICE |
|--------|--------|
| CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY) | |
| C1887 | Teleport Microcatheter |
| | VIPERCATH XC Peripheral Exchange Catheter |
| | ViperCross Support Catheter |
| INTRODUCER/SHEATH,OTHER THAN GUIDING, OTHER THAN INTRACARDIAC, ELECTROPHYSIOLOGICAL, NONLASER | |
| C1894 | Guide Wire Introducer |
| CATHETER, TRANSLUMINAL, ANGIOPLASTY, NON-LASER | |
| C2623 | SurVeil Drug-Coated Balloon |

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

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