# Program Memorandum Intermediaries

**Department of Health and Human Services (DHHS)**
**HEALTH CARE FINANCING ADMINISTRATION (HCFA)**

**Transmittal A-01-10** **Date: JANUARY 16, 2001**

**CHANGE REQUEST 1495**

**This is a technical correction to Program Memorandum A-00-82, Change Request 1420, dated November 3, 2000.**

**SUBJECT: Technical Corrections to the January 2001 Update: Coding Information for Hospital Outpatient Prospective Payment System (OPPS)**

## Introduction

This Program Memorandum (PM) contains a list of long descriptor corrections for devices eligible for transitional pass through payments under the OPPS. **The long descriptors in this PM supersede any previously published long descriptors for each C-code listed below**. Unless otherwise indicated, the effective date for the items in this PM is January 1, 2001.

The outpatient code editor and PRICER currently contain the codes included in this document. However, intermediaries must revise the long descriptors to the HCPCS file in their internal claims processing systems to include the trade/brand names, model numbers, or the dosage information to the specific assigned C-code.

All of the C-codes included in this file are used exclusively for services paid under the outpatient PPS and may **not** be used to bill services paid under other Medicare payment systems. The listing of HCPCS codes contained in this instruction does not assure coverage of the specific item or service in a given case. To be eligible for pass-through and new device technology payments, the items contained in this document must be considered reasonable and necessary.

Note pass-through devices are determined to be eligible for pass-through payment status based on specific items. In some instances, manufacturers may sell kits that include devices (e.g., catheters) approved for pass-through payment together with supplies or other items (e.g., gauze pads) that are not devices and do not qualify for pass-through payments. If an item in a kit is individually eligible for pass-through payment, a hospital may bill for that item for a pass-through payment using the appropriate code for the individual item, but it may not bill for the kit as a whole.

| HCPCS CODE | Long Descriptors for Pass-Through Devices |
|---|---|
| C1036 | Port/reservoir, venous access device, Vaxcel Implantable Vascular Access System, R Port Premier Vascular Access System (**model 45-100**)<br><br>**Note:** This became effective 08/01/00. The R Port Premier Vascular Access System is currently sold under two models, 45-100 and 45-155. Of the two models, model 45-100 of the R Port Premier Vascular Access System is the only one approved for pass-through payment. Model 45-155 is not approved for pass-through payment. |
| C1054 | Catheter, thrombectomy, Hydrolyser 6F Mechanical Thrombectomy Catheter, Hydrolyser 7F Mechanical Thrombectomy Catheter, **Microvena Helix Clot Buster Thrombectomy Device, 7F (60cm, 120cm)**<br><br>**Note:** The Hydrolyser 6F and 7F Mechanical Thrombectomy Catheters became effective 08/01/00. The Microvena Helix Clot Buster Thrombectomy Device became effective January 01, 2001. |
| C1076 | Defibrillator, single chamber, automatic, implantable, Ventak Mini IV, Ventak Mini III HE, Ventak Mini III HE+ ( Model 1788, 1789), Ventak Mini III, Ventak Mini III+ ( Model 1783, 1786)<br><br>**Note**: Only the Ventak Mini III HE+ and Ventak Mini III+ are effective 01/01/01. Ventak Mini IV, Ventak Mini III HE, and Ventak Mini III became effective 08/01/00. |
| C1325 | Brachytherapy seed, **Theragenics** Theraseed Palladium-103 seeds<br><br>Note: This became effective 08/01/00. |
| C1364 | Defibrillator, dual chamber, Photon DR **V-230HV**<br><br>Note: This became effective 08/01/00. This was previously listed as Photon DR V-230HV3. |
| C1420 | Anchor system, **TransFix** Bone Anchor System with Dermis, **StapleTac2** Bone Anchor System with Dermis.<br><br>***Name Change Alert***. This was previously listed as follows: Anchor system, **StapleTac2** Bone Anchor System with Dermis. Per confirmation from the manufacturer, this device is now sold under the trade name "TransFix Bone Anchor System with Dermis." Pass-through payment will be made for either the "TransFix Bone Anchor System with Dermis" or the "StapleTac 2 Bone Achor System with Dermis." |
| C1421 | Anchor system, **TransFix** Bone Anchor System without Dermis, **Staple Tac2** Bone Anchor System without Dermis<br><br>***Name Change Alert***. This was previously listed as follows: Anchor system, **StapleTac2** Bone Anchor System without Dermis. Per confirmation from the manufacturer, this device is now sold under the trade name "TransFix Bone Anchor System without Dermis." Pass-through payment will be made for either the "TransFix Bone Anchor System without Dermis" or the "StapleTac 2 Bone Achor System without Dermis." |
| C2597 | Clinicath Peripherally Inserted Midline Catheter (PICC) Dual Lumen PolyFlow Polyurethane Catheter 18G (includes catheter and introducer), **Clinicath Peripherally Inserted Central Catheter (PICC) Dual-Lumen PolyFlow Polyurethane 16/18G** (includes catheter and introducer), CliniCath Peripherally Inserted Central Catheter (PICC) Single-Lumen PolyFlow Polyurethane **16G** (includes catheter and introducer)<br><br>**Note**: This became effective 10/01/00. The 16/18G Central Catheter, Dual Lumen may be reportable with either HCPCS code C2597 or C2599 but not both. |
| C2598 | Catheter, Clinicath Peripherally Inserted *Central* Catheter (PICC) *Single-Lumen* PolyFlow Polyurethane Catheter 18G/ 20G/24G (catheter and introducer), Clinicath Peripherally Inserted *Midline* Catheter (PICC) *Single-Lumen* PolyFlow Polyurethane Catheter 20G/24G (catheter and introducer) |

**Note:** This became effective 10/01/00.

C2599 Clinicath Peripherally Inserted Central Catheter (PICC) Single-Lumen PolyFlow Polyurethane Catheter 16G/18G/19G (includes catheter and introducer)

**Note:** This became effective 10/01/00. The 16/18G Central Catheter, Dual Lumen may be reportable with either HCPCS code C2597 or C2599 but not both.

C2609 Catheter, Flexima Biliary Drainage Catheter with Locking Pigtail, Flexima Biliary Drainage Catheter with Twist Loc Hub, Flexima Biliary Drainage Catheters with Temp Tip, **Angiodynamics Abscession Biliary Drainage Catheter**

**Note:** The Flexima Biliary Drainage Catheters became effective 10/01/00. The Angiodynamics Abscession Biliary Drainage Catheter became effective 01/01/01.

C2703 Defibrillator, single chamber, implantable, Ventak Prizm VR HE Models **1852**, 1857

Note: This was previously listed with model numbers 1857 and 1858.

C2803 Defibrillator, dual chamber, implantable, Ventak Prizm DR HE Models 1853, **1858**

Note: This was previously listed with models 1852 and 1853.

C3556 Guide wire, Endosonics Cardiometrics WaveWire Pressure Guide Wire, Cardiometrics FloWire Doppler Guide Wire, **Radi Pressure Wire 3 Sensor**

C4603 Lead, pacemaker, **Oscor PR** 4015, 4016, 4017, 4018, Flexion 4015, 4016, 4017, 4018

C4607 Lead, pacemaker, Fineline II 4452, 4453, 4454, 4455, 4477, 4478, Fineline II EZ 4463, 4464, 4465, 4466, 4467, 4468, Thinline II 430-25, 430-35, 432-35, **Thinline II EZ 438-25, 438-35**

C5000 Stent, **coronary**, BX Velocity with Hepacoat on Raptor Stent System (28 or 33mm in length)

C5027 Stent, **coronary**, BX Velocity with Hepacoat on Raptor Stent System (8 or 13mm in length)

C5028 Stent, **coronary**, BX Velocity with Hepacoat on Raptor Stent System (18mm in length)

C5029 Stent, **coronary**, BX Velocity with Hepacoat on Raptor Stent System (23mm in length)

C5600 Vascular Closure Device, VasoSeal ES (Extravascular Security) Device, **VasoSeal Vascular Hemostasis Device** (previously listed with C-code C8504).

**Note:** The VasoSeal ES Device became effective 08/01/00. Effective 01/01/01, the VasoSeal Vascular Hemostasis Device (VHD) may be reportable with either HCPCS code C5600 or C8504 but not both.

C6080 Sling fixation system for treatment of stress urinary incontinence, AMS Male **InVance** Fixation System with Electric Inserter with Sling Material and Disposable Pressure Sensor, Male **Straight-In** Fixation System with Electric Inserter with Sling Material and Disposable Pressure Sensor, AMS Male **InVance** Fixation System with Electric Inserter without Sling Material and Disposable Pressure Sensor, Male **Straight-In** Fixation System with Electric Inserter without Sling Material and Disposable Pressure Sensor

***Name Change Alert.*** These became effective 08/01/00. This was initially listed as follows: Sling fixation system for treatment of stress urinary incontinence, Male **Straight-In** Fixation System with Electric Inserter *with* Sling Material and Disposable Pressure Sensor, Male **Straight-In** Fixation System with Electric Inserter *without* Sling Material and Disposable Pressure Sensor. Per confirmation from the manufacturer, these devices are currently sold under the trade name "AMS Male InVance Fixation System with Electric Inserter with or without Sling Material and Disposable Pressure Sensor.""

| | |
|---|---|
| | Pass-through payment will be made for either the "AMS Male **InVance** Fixation System with Electric Inserter with or without Sling Material and Disposable Pressure Sensor," or the "Male **Straight-In** Fixation System with Electric Inserter with or without Sling Material and Disposable Pressure Sensor." |
| C8552 | Catheter, Santoro Fixed Curve Catheter |
| C8890 | Perfluoron, per 2ml |
| C8891 | Perfluoron, per 5ml vial or 7ml vial |
| C9008 | Baclofen Intrathecal Refill Kit, 0.5 mg/ml, 1x20 ml amp. |
| | Note: This code became effective 10/01/00. We have only clarified the long descriptor for this code. |
| C9009 | Baclofen Intrathecal Refill Kit, 2 mg/ml, 2x5 ml amp. |
| | Note: This code became effective 10/01/00. We have only clarified the long descriptor for this code. |
| C9010 | Baclofen Intrathecal Refill Kit, 2 mg/ml, 4x5 ml amp. |
| | Note: This code became effective 10/01/00. We have only clarified the long descriptor for this code. |

**Items No Longer Eligible for Pass-Through Payments**

After further clinical analysis, the items listed below have been determined ineligible for pass-through payments. Therefore, effective April 1, 2001, the following items will no longer be eligible for pass-through payments and will no longer be recognized as valid reportable codes under the OPPS.

| | |
|---|---|
| C8100 | Adhesion barrier, ADCON-L |

**NOTE**: The HCPCS code assigned to the device(s) listed in this PM may be used only for that specific device. An already assigned HCPCS C-code may not be substituted for a different brand/trade name device not listed in this PM, even if it is the same type of device.

Immediately forward this PM electronically to your providers and place it on your website. This PM should also be distributed with your next regularly scheduled bulletin.

**The *effective* date of this PM is January 1, 2001. This date applies to the *date of service* performed on or after January 1, 2001.**

**The *implementation* date of this PM is January 30, 2001.**

**This PM should be discarded after January 1, 2002.**

**These instructions should be implemented within your current operating budget.**

**For questions regarding the devices listed in this PM, contact Marjorie Baldo (MBaldo@hcfa.gov) at (410) 786-4617.**