Program Memorandum Intermediaries

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

Transmittal A-00-82 **Date: NOVEMBER 3, 2000**

CHANGE REQUEST 1420

SUBJECT: January 2001 Update: Coding Information for Hospital Outpatient Prospective Payment System (OPPS)

Introduction

The purpose of this Program Memorandum (PM) is to provide hospitals a list of long descriptors for drugs, biologicals, and devices eligible for transitional pass through payments, and for items classified in "new technology" ambulatory payment classifications (APCs) under the OPPS.

Section I lists new drugs, biologicals, and devices with specific C-codes that will be effective January 1, 2001 for pass-through payments. Section II contains a list of devices that are classified in "new technology" APCs. For specific payment rates associated with these new technology APCs, refer to the OPPS Final Rule that will be published in November. Sections III and IV contain a list of clarifications and corrections related to devices and drugs listed in Transmittals A-00-42, A-00-61 and A-00-72. Section V contains a list of items no longer eligible for pass-through payments as of January 1, 2001**.** Unless otherwise indicated, the effective date for payment of the new items in this PM is January 1, 2001.

This PM contains the latest long descriptors assigned to certain HCPCS code listed in this PM, which are indicated by an asterisk (*) next to the code. Therefore, these long descriptors supercede the long descriptors listed in the 2001 HCPCS tape. The 2001 HCPCS tape was posted on HCFA's web page on October 20, 2000 and may be downloaded at http://www.hcfa.gov/stats/pufiles.htm#alphanu.

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 technology payments, the items contained in this document must be covered by Medicare and considered reasonable and necessary.

All of the C-codes included in this file are used exclusively for services paid under the OPPS and may **not** be used to bill for services under other Medicare payment systems.

I. Drugs, Biologics, and Devices Effective January 1, 2001

HCPCS CODE	LONG DESCRIPTOR
C1028	Sling fixation system for treatment of stress urinary incontinence, Precision Twist Transvaginal Anchor System , Precision Tack Transvaginal Anchor System, Vesica Press-In Anchor System, Capio CL (TVB/S) Transvaginal Suturing Device, Capio Suturing Device—Standard or Open Access **Note**: Capio Suturing Device—Standard or Open Access will be effective 01/01/01. The Precision Twist Transvaginal Anchor System, Precision Tack Transvaginal Anchor System, Vesica Press-In Anchor System, and the Capio CL (TVB/S) Transvaginal Suturing Device became effective 08/01/00.
C1037*	Catheter, dialysis, Boston Scientific Vaxcel Chronic Dialysis Catheter, Medcomp Bio Flex Tesio Catheter, Medcomp Silicone Tesio Catheter **Note**: Medcomp Bio Flex Tesio Catheter and Medcomp Silicone Tesio Catheter will be effective 01/01/01. Vaxcel Chronic Dialysis Catheter became effective 08/01/00.
C1060	Stent, coronary, ACS Multi-Link Tristar Coronary Stent System and Delivery System, ACS Multi-Link Ultra Coronary Stent System **Note**: ACS Multi-Link Ultra will be effective 01/01/01. ACS Multi-ink Tristar became effective 08/01/00.
C1063	Lead, defibrillator, Endotak Endurance EZ, Endotak Endurance RX, Endotak Endurance 0134, 0135, 0136 **Note:** Endotak Endurance will be effective 01/01/01. Endotak Endurance EZ and RX became effective 08/01/00.
C1076	Defibrillator, single chamber, automatic, implantable, Ventak Mini IV, Ventak Mini IV+ 1793, 1796, Ventak Mini III HE, Ventak Mini III HE+ 1788, 1789, Ventak Mini III, Ventak Mini III+ 1783, 1786 **Note**: Only the Ventak Mini IV+, Ventak Mini III HE+ and Ventak Mini III+ will be effective 01/01/01. Ventak Mini IV, Ventak Mini III HE, and Ventak Mini III became effective 08/01/00.
C1104	Catheter, ablation, RF Conductr MC 4mm, RF Conductr MC 5mm 6042, 7544 **Note**: RF Conductr MC 5mm will be effective 01/01/01. RF Conductr MC 4mm became effective 8/01/00.
C1135	Pacemaker, dual chamber, rate-responsive, Entity DR 5326, Entity DR 5326L, Entity DR 5326R **Note:** Only the Entity DR 5326 will be effective 01/01/01. Entity DR 5326L and Entity DR 5326R became effective 08/01/00.
C1136	Pacemaker, dual chamber, rate-responsive, Affinity DR 5330, Affinity DR 5330L, Affinity DR 5330R **Note:** Only the Affinity DR 5330 will be effective 01/01/01. Affinity DR 5330L and Affinity DR 5330R became effective 08/01/00.
C1144	Pacemaker, single chamber, rate-responsive, Affinity SR 5130, Affinity SR 5130L, Affinity SR 5130R, Integrity SR 5142 **Note**: Only the Affinity SR 5130 will be effective 01/01/01. Affinity SR 5130L, 5130R, and Integrity SR 5142 became effective 08/01/00.
C1145	Vascular closure device, Angio-Seal 6 French Vascular Closure Device 610091, Angio-Seal 8 French Vascular Closure Device 610089, 610097 **Note**: Only model 610097 will be effective 01/01/01. Models 610091 and 610089 became effective 08/01/00.
C1147	Lead, pacemaker, AV Plus DX 1368/52, AV Plus DX 1368/58, AV Plus DX 1368/65 **Note**: Only the AV Plus DX 1368/65 will be effective 01/01/01. Models 1368/52 and 1368/58 became effective 08/01/00.
C1149	Pacemaker, dual chamber, non-rate responsive, Entity DC 5226R, Entity DC 5226 **Note**: Only Entity DC 5226 will be effective 01/01/01. Entity DC 5226R became effective 08/01/00.
C1172	Balloon, tissue dissector, Spacemaker Tissue Dissection Balloon, Spacemaker 1000cc Hernia Balloon Dissector **Note**: The Spacemaker 1000cc Hernia Balloon Dissector will be effective 01/01/01. The Spacemaker Tissue Dissection Balloon became effective 08/01/00.

C1358	Pacemaker, dual chamber, non-rate responsive, Affinity DC 5230R, Affinity DC 5230
	Note: Only the Affinity DC 5230 will be effective 01/01/01. Affinity DC 5230R became effective 08/01/00.
C1420	Anchor system, StapleTac2 Bone Anchor System with Dermis
C1421	Anchor system, StapleTac2 Bone Anchor System without Dermis
C1450	Orthosphere Spherical Interpositional Arthroplasty
C1451	Orthosphere Spherical Interpositional Arthroplasty Kit
C1706	Needle, brachytherapy, Indigo Prostate Seeding Needle
C1707	Needle, brachytherapy, VariSource Interstitial Implant Needle
C1708	Needle, brachytherapy, UroMed Prostate Seeding Needle
C1709	Needle, brachytherapy, Remington Medical Brachytherapy Needle
C1710	Needle, brachytherapy, US Biopsy Prostate Seeding Needle
C1790	Brachytherapy seed, Nucletron Iridium 192 HDR
C1792	Brachytherapy seed, UroMed Symmetra I-125
C1793	Brachytherapy seed, Bard InterSource-103 Palladium Seed 1031L, 1031C
C1794	Brachytherapy seed, Bard IsoSeed-103 Palladium Seed Pd3S111L, Pd3S111P
C1795	Brachytherapy seed, Bard BrachySource-125 Iodine Seed 1251L, 1251C
C1796	Brachytherapy seed, Source Tech Medical I-125 Seed STM 1251
C1797	Brachytherapy seed, Draximage I-125 Seed Model LS-1
C1798	Brachytherapy seed, Syncor I-125 PharmaSeed Model BT-125-1
C1799	Brachytherapy seed, I-Plant Iodine 125 Model 3500
C1812	Anchor, OBL 2.0mm Mini Tac Anchor, OBL 2.8mm HS Anchor, OBL 2.8mm S Anchor, OBL 3.5mm Ti Anchor, OBL RC5 Anchor, OBL PRC5 Anchor
C1870	DermMatrix Surgical Mesh, per 16 square centimeters
C1871	DermMatrix Surgical Mesh, per 32 or 64 square centimeters
C1873	Bard 3DMax Mesh, medium or large size
C1929	Catheter, Maverick Monorail PTCA Catheter, Maverick Over-the-Wire PTCA Catheter
C1939	Catheter, Ninja$_{FX}$ PTCA Dilatation Catheter, Raptor PTCA Dilatation Catheter, Ninja, NC Raptor PTCA Dilatation Catheter, Charger PTCA Dilatation Catheter, Titan PTCA Dilatation Catheter, Titan Mega PTCA Dilatation Catheter
	Note: Only the Ninja, NC Raptor, Charger, Titan, and Titan Mega PTCA Dilatation Catheter will be effective 01/01/01. The Ninja$_{FX}$ and Raptor PTCA Dilatation Catheters became effective 10/01/00.
C1944	Catheter, Rapid Exchange Single-Use Biliary Balloon Dilatation Catheter
C1945	Catheter, Cordis Savvy PTA Dilatation Catheter
C1946	Catheter, R1s Rapid Exchange Pre-Dilatation Balloon Catheter
C1947	Catheter, Gazelle Balloon Dilatation Catheter
C1948	Catheter, Pursuit Balloon Angioplasty Catheter
C1949	Catheter, Endosonics Oracle MegaSonics Five-64 F/X PTCA Catheter
C1979	Catheter, Endosonics Visions PV 8.2F Intravascular Ultrasound Imaging Catheter, Endosonics Avanar

F/X Intravascular Ultrasound Imaging Catheter

C1980 Catheter, Atlantis SR Coronary Imaging Catheter

C1981 Catheter, coronary angioplasty balloon, Adante, Bonnie, Bonnie 15mm, Bonnie Monorail 30mm or 40mm, Bonnie Sliding Rail, Bypass Speedy, Chubby, Chubby Sliding Rail, Coyote 20mm, Coyote 9/15/25mm, Maxxum, NC Ranger, NC Ranger 9mm, Ranger 20mm, Long Ranger 30mm or 40mm, NC Ranger 16/18mm, NC Ranger 22/25/30mm, NC Big Ranger, Quantum Ranger, Quantum Ranger 1/4 sizes, Quantum Ranger 9/16/18mm, Quantum Ranger 22/30mm, Quantum Ranger 25mm, Ranger LP 20/30/40, Viva/Long Viva

Note: Only the Bonnie Monorail 30mm, Bonnie Monorail 40mm, Ranger 20mm, Long Ranger 30mm, and Long Ranger 40mm will be effective 01/01/01. The other catheters became effective 08/01/00.

C2012 Catheter, ablation, Biosense Webster Celsius Braided Tip Ablation Catheter, Biosense Webster Celsius 5mm Temperature Ablation Catheter, Biosense Webster Celsius Temperature Sensing Diagnostic/Ablation Tip Catheter, Biosense Webster Celsius Long Reach Ablation Catheter

Note: Only the Celsius Long Reach Ablation Catheter will be effective 01/01/01. The other ablation catheters became effective 10/01/00.

C2104 Catheter, electrophysiology, Lasso Deflectable Circular Tip Mapping Catheter

C2152 Catheter, Cordis 5F, 6F, 7F, 8F, 9F, 10F Vista Brite Tip Guiding Catheter

C2300 Catheter, Varisource Standard Catheter

C2610 Catheter, Arrow FlexTip Plus Intraspinal Catheter Kit

C2611 Catheter, Medtronic PS Medical AlgoLine Intraspinal Catheter System/Kit 81102, 81192

C2612* Catheter, Medtronic InDura Intraspinal Catheter, Myelotec Video Guided Catheter

Note: The InDura Intraspinal Catheter became effective 08/01/00, however, this was previously listed with C-code C1025. InDura Intraspinal Catheter is no longer reportable with C1025 as of 01/01/01. It should be reported with HCPCS code C2612. The Myelotec Video Guided Catheter will be effective 01/01/01.

C2676 Catheter, Response CV Catheter

Note: This device was approved for the January 2001 update, however, due to new information received from the manufacturer, this device is not eligible for pass-through payment at this time.

C2702 Defibrillator, single chamber, implantable, Ventak Prizm 2 VR 1860

C2703 Defibrillator, single chamber, implantable, Ventak Prizm VR HE 1857, 1858

C2704 Defibrillator, single chamber, implantable, Ventak Mini IV+ 1793, 1796

C2803 Defibrillator, dual chamber, implantable, Ventak Prizm DR HE 1852, 1853

C2804 Defibrillator, dual chamber, implantable, Ventak Prizm 2 DR 1861

C2805 Defibrillator, dual chamber, implantable, Jewel AF 7250

C2806 Defibrillator, implantable, Gem VR 7227

C2807 Defibrillator, implantable, Contak CD 1823

C2808 Defibrillator, Implantable, Contak TR 1241

C3002 Lead, defibrillator, implantable, EasyTrak 4510, 4511, 4512, 4513

C3003 Lead, defibrillator, implantable, Endotak SQ Array XP 0085

C3004 Lead, defibrillator, implantable, Intervene 497-23, 497-24

C3553	Guide wire, Cordis Stabilizer Marker Wire Steerable Guidewire, Cordis Wizdom Marker Wire Steerable Guidewire, Cordis ATW Marker Wire Steerable Guidewire, Cordis Shinobi Steerable Guidewire
C3554	Guide wire, Jindo Tapered Peripheral Guidewire
C3555	Guide wire, Wholey Hi-Torque Plus Guide Wire System, 145cm, 190cm, 300cm
C3556	Guide wire, Endosonics Cardiometrics WaveWire Pressure Guide Wire, Cardiometrics FloWire Doppler Guide Wire
C3557	Guidewire, HyTek Guidewire
C3801	Infusion pump, Arrow/MicroJect PCA System
C4006	Pacemaker, single chamber, Pulsar Max II SR 1180, 1181
C4007	Pacemaker, single chamber, Marathon SR 291-09, 292-09R, 292-09X
C4008	Pacemaker, single chamber, Discovery II SSI 481
C4009	Pacemaker, single chamber, Discovery II SR 1184, 1185, 1186, 1187
C4312	Pacemaker, dual chamber, Pulsar Max II DR 1280
C4313	Pacemaker, dual chamber, Marathon DR 293-09, 294-09, 294-09R, 294-10
C4314	Pacemaker, dual chamber, Momentum DR 294-23
C4315	Pacemaker, dual chamber, Selection AFm 902 SLC 902C
C4316	Pacemaker, dual chamber, Discovery II DR 1283, 1284, 1285, 1286
C4317	Pacemaker, dual chamber, Discovery II DDD 981
C4601	Lead, pacemaker, Aescula LV 1055K **Note:** This device was approved for the January 2001 update, however, due to new information received from the manufacturer, this device is not eligible for pass-through payment at this time.
C4602	Lead, pacemaker, Tendril SDX 1488K/46, Tendril SDX 1488K/52, Tendril SDX 1488K/58
C4603	Lead, pacemaker, Oscor/Flexion 4015, 4016, 4017, 4018
C4604	Lead, pacemaker, Crystalline ActFix ICF09, CapsureFix Novus 5076
C4605	Lead, pacemaker, CapSure Epi 4968
C4606	Lead, pacemaker, Flextend 4080, 4081, 4082
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 EZ 438-25, 438-35
C5000	Stent, biliary, BX Velocity with Hepacoat on Raptor Stent System (28 or 33mm in length)
C5019	Stent, biliary, Flexima Single Use Biliary Stent System
C5020	Stent, biliary, Cordis Smart Nitinol Stent Transhepatic Biliary System (20mm in length)
C5021	Stent, biliary, Cordis Smart Nitinol Stent Transhepatic Biliary System (40 or 60 mm in length)
C5022	Stent, biliary, Cordis Smart Nitinol Stent Transhepatic Biliary System (80mm in length)
C5023	Stent, biliary, BX Velocity Transhepatic Biliary Stent and Delivery System (8 or 13mm in length)
C5024	Stent, biliary, BX Velocity Transhepatic Biliary Stent and Delivery System (18mm in length) Stent, biliary, BX Velocity Transhepatic Biliary Stent and Delivery System (23mm in length)

C5025

C5026 Stent, biliary, BX Velocity Transhepatic Biliary Stent and Delivery System (28 or 33mm in length)

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

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

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

C5047 Stent, coronary, Niroyal Elite Premounted Stent System (15mm, 25mm, 31mm)

C5048 Stent, coronary, GR II Coronary Stent

C5279 Stent, ureteral, Boston Scientific Contour Soft Percuflex Stent with Hydroplus Coating (Braided), Contour Soft Percuflex Stent with Hydroplus Coating, Contour VL Variable Length Percuflex Stent with Hydroplus Coating, Percuflex Plus Stent with Hydroplus Coating, Percuflex Stent (Braided), Contour Closed Soft Percuflex Stent with HydroPlus Coating, Contour Injection Soft Percuflex Stent with HydroPlus Coating, Soft Percuflex Stent, and Percuflex Tail Plus Tapered Ureteral Stent

Note: The Contour Closed Soft Percuflex Stent, Contour Injection Soft Percuflex Stent, Soft Percuflex, and Percuflex Tail Plus Tapered Ureteral Stent will be effective 01/01/01. The other ureteral stents became effective 10/01/00.

C6053 Surgisis Soft Tissue Graft, per 70cm, 105cm, 140cm

C6054 Surgisis Enhanced Strength Soft Tissue Graft, per 4.2cm, 20cm, 28cm, 40cm

C6055 Surgisis Enchanced Strength Soft Tissue Graft, per 52.5cm, 60cm, 70cm

C6056 Surgisis Enhanced Strength Soft Tissue Graft, per 105cm, 140cm

C6057 Surgisis Hernia Graft, per 195cm

C6058 SurgiPro Hernia-Mate Plug, medium or large

C6200 Vascular graft, Exxcel Soft ePTFE Vascular Graft

C6201 Vascular graft, Impra Venaflo Vascular Graft with Carbon, Straight Graft 10cm or 20cm in length

C6202 Vascular graft, Impra Venaflo Vascular Graft with Carbon, Straight Graft 30cm or 40cm in length

C6203 Vascular graft, Impra Venaflo Vascualr Graft with Carbon, Straight Graft (50cm in length) or CenterFlex Venaflo Stepped Graft (45cm in length)

C6204 Vascular graft, Impra Venaflo Vascular Graft with Carbon, Stepped Graft 20cm, 25cm, 30cm, 35cm, 40cm, or 45cm in length

C6205 Vascular graft, Impra Carboflo Vascular Graft, Straight Graft 10 cm in length

C6206 Vascular graft, Impra Carboflo Vascular Graft, Straight Graft 20 cm in length

C6207 Vascular graft, Impra Carboflo Vascular Graft, Straight Graft 30 cm, 35cm, or 40cm in length

C6208 Vascular graft, Impra Carboflo Vascular Graft, Straight Graft (50cm in length), Access Tapered Graft (40cm in length), or Stepped Graft (45 or 50 cm in length)

C6209 Vascular graft, Impra Carboflo Vascular Graft, CenterFlex Straight Graft (40cm or 50cm in length) or CenterFlex Stepped Graft (40cm, 45cm or 50 cm in length)

C6210 Vascular graft, Exxcel ePTFE Vascular Graft, less than 6mm in diameter

C6300 Stent graft system, Vanguard III Bifurcated Endovascular Aortic Graft

C6502 Sheath, electrophysiology, Perry Exchange Dilator

C6525 Spectranetics Laser Sheath 12F 500-001, 14F 500-012, 16F 500-013
Introducer, guiding, Fast-Cath Two-Piece Guiding Introducer 406869, 406892, 406893, 406904

C6650	
C6651	Introducer, guiding, Seal-Away CS Guiding Introducer 407508, 407510
C6652	Introducer, Bard Safety Excalibur Introducer
C6700	Synthetic absorbable sealant, Focal Seal-L
C8099	Spectranetics Lead Locking Device 518-018, 518-019, 518-020
C8102	Surgi-Vision Esophageal Stylet Internal Coil
C9011	Injection, caffeine citrate, per 1ml
C9107	Injection, tinzaparin sodium, per 2ml vial
C9108	Injection, thyrotropin alpha, 1.1 mg
C9109	Injection, tirofiban hydrochloride, 6.25 mg
J1441	Filgrastim 480 mcg injection
J1810	Injection, fentanyl/droperidol, up to 2ml

II. Devices Eligible for New Technology Payments Effective January 1, 2001

HCPCS CODE	LONG DESCRIPTOR	APC
C8539	Wilson-Cook Quantum Dilatation Balloon	987
C8540	Flex-EZ (Esophageal) Balloon Dilator 3302, 3304, 3306	988
C8541	Carson Zero Tip Balloon Dilatation Catheters with HydroPlus Coating Kit, Passport Balloon on a Wire Dilatation Catheters with HydroPlus Coating Kit	988
C8542	UrethraMax High Pressure Urethral Balloon Dilatation Catheter/Kit	987
C8543	Amplatz Renal Dilator Set	987
C8550	Catheter, Livewire EP Catheter, 7F CSM 401935, 5F Decapolar 401938, 401939, 401940, 401941	989
C8551	Catheter, Livewire EP Catheter, 7F Duo-Decapolar 401932	990
C8552	Catheter, Santuro Fixed Curve Catheter	989
C8597	Guide wire, Cordis Wisdom ST Steerable Guidewire 537-114, 537-114J, 537-114X, 537-114Y	987
C8598	Guide wire, Cordis SV Guidewire—5cm Distal Taper Configuration (Models 503-558, 503-558X), 8cm Distal Taper Configuration (Models 503-658, 503-658X), 14cm Distal Taper Configuration (Models 503-758, 503-758X)	987
C8599	Guide wire, Cordis Stabilizer XS Steerable Guidewire 527-914, 527-914J, 527-914X, 527-914Y	987
C8600	Guide wire, Cordis Shinobi Plus Steerable Guidewire 547-214, 547-214X	987
C8650	Introducer, Cook Extra Large Check-Flo Introducer	987
C8724	Lead, neurostimulation, Octad Lead 3898-33/389861	991
C8725	Lead, neurostimulation, SymMix Lead 3982	990

C8748	Lead, defibrillator, Endotak SQ Patch 0047, 0063	990
C8749	Lead, defibrillator, Endotak SQ Array 0048, 0049	993
C8750	Pacemaker, dual chamber, Unity VDDR 292-07	994
C8775	Lead, pacemaker, 2188 Coronary Sinus Lead	991
C8776	Lead, pacemaker, Innomedica Sutureless Myocardial 4045, 4058, 4046, 4047	990
C8777	Lead, pacemaker, Unipass 425-02, 425-04, 425-06	991
C8800	Stent, biliary, Large Palmaz Balloon Expandable Stent with Delivery System	990
C8801	Stent, biliary, Cook Z Stent Gianturco-Rosch Biliary Design	989
C8802	Stent, biliary, Cook Oasis One Action Stent Introductory System	987
C8830	Stent, coronary, Cook Gianturco-Roubin Flex-Stent Coronary Stent	991
C8990	Perfluoron, per 2ml	987
C8991	Perfluoron, per 5ml vial or 7ml vial	988
C9700	Water Induced Thermotherapy	977
C9701*	Stretta Procedure	976
C9702	Checkmate Intravascular Brachytherapy System	981

III. Clarifications/Corrections Related to Device Issues

The long descriptors listed below which were previously published in Transmittals A-00-42, A-00-61, and A-00-72 have been assigned new C-codes for the January 2001 update. The C-codes in the **left column** are the correct C-codes. Please note the C-codes in the left column along with the designated long descriptors are already in the 2001 HCPCS tape. Only the C-codes designated with asterisks (*) include revised long descriptors which were not in the 2001 HCPCS tape. Therefore your systems need to be updated with these current long descriptors. The C-codes in the right column were previously assigned with these long descriptors and are listed here for reference purposes only. Note the effective dates for the C-codes listed below vary.

CORRECT C-CODES	**LONG DESCRIPTOR**	
C1164*	Brachytherapy seed, Imagyn Medical Technologies I-125 Seed	
	Note: This became effective 08/01/00.	
C1325*	Brachytherapy seed, Theragenic Palladium-103 Seed	
	Note: This became effective 08/01/00.	
C1711	Needle, brachytherapy, MD Tech P.S.S. Prostate Seeding Set (needle)	C1702
	Note: This became effective 10/01/00.	
C1712	Needle, brachytherapy, Imagyn Medical Technologies IsoStar Prostate Brachytherapy Needle	C1702
	Note: This became effective 10/01/00.	
C1791	Brachytherapy seed, Nycomed Amersham I-125 (OncoSeed, Rapid Strand)	C1803
	Note: This became effective 10/01/00.	

C1864*	Bard Sperma Tex Mesh, per 13.44 square inches	
	Note: This became effective 10/01/00.	
C1872	Dermagraft, per 37.5 square centimeters	C1859
	Note: This became effective 10/01/00.	
C2022	Catheter, ablation, Cardiac Pathways Chilli Cooled Ablation Catheter 41422, 41442, 45422, 45442, 43422, 43442	C2017
	Note: This became effective 10/01/00.	
C2023	Catheter, ablation, Cardiac Pathways Chilli Cooled Ablation Catheter, Standard Curve 3005 or Large Curve 3006	C2014
	Note: This became effective 10/01/00.	
C2100	Catheter, electrophysiology, Cardiac Pathways CS Reference Catheter	C2008
	Note: This became effective 10/01/00.	
C2101	Catheter, electrophysiology, Cardiac Pathways RV Reference Catheter	C2002
	Note: This became effective 10/01/00.	
C2102	Catheter, electrophysiology, Cardiac Pathways 7F Radii Catheter	C2002
	Note: This became effective 10/01/00.	
C2103	Catheter, electrophysiology, Cardiac Pathways 7F Radii Catheter with Tracking	C2009
	Note: This became effective 10/01/00.	
C2153	Catheter, electrophysiology, Bard Viking Fixed Curve Catheter (Bipolar, Quadrapolar, Multipolar, and ASP Models only)	C2010
	Note: This became effective 10/01/00.	
C3510	Prosthesis, AMS Sphincter 800 Urinary Prosthesis	C3500
	Note: This became effective 10/01/00.	
C5279	Stent, ureteral, Boston Scientific Contour Soft Percuflex Stent with Hydroplus Coating (Braided), Contour Soft Percuflex Stent with Hydroplus Coating, Contour VL Variable Length Percuflex Stent with Hydroplus Coating, Percuflex Plus Stent with Hydroplus Coating, Percuflex Stent (Braided), Contour Closed Soft Percuflex Stent with HydroPlus Coating, Contour Injection Soft Percuflex Stent with HydroPlus Coating, Percuflex Soft Stent, and Percuflex Tail Plus Tapered Ureteral Stent	C5280
	Note: The Contour Closed Soft Percuflex Stent, Contour Injection Soft Percuflex Stent, Percuflex Soft Stent, and Percuflex Tail Plus Tapered Ureteral Stent will be effective 01/01/01. The other ureteral stents became effective 10/01/00.	
C5601	Vascular closure device, Vascular Solutions Duett Sealing Device 1000	C1000
	Note: This became effective 10/01/00.	
C8535	Stent, biliary, Spiral Z Biliary Metal Expandable Stent, Za Biliary Metal Expandable Stent	C8522
	Note: This became effective 10/01/00.	
C8536	Stent, esophageal, Esophageal Z Metal Expandable Stent with Dua Anti-Reflux Valve, Esophageal Z Metal Expandable Stent with Uncoated Flanges	C8532
	Note: This became effective 10/01/00.	
C9102*	Supply of radiopharmaceutical diagnostic imaging agent, 51 Sodium Chromate, per 50 uCi	

Note: This became effective 10/01/00.

G0174* Intensity modulated radiation therapy (IMRT) delivery to one or more treatment areas, multiple couch angles/fields/arc, custom collimated pencil-beams with treatment setup and verification images, complete course of therapy requiring more than one session, per session.

Note: This code was formerly listed in the 2001 HCPCS tape with the following long descriptor: *Intensity modulated radiation therapy plan, per session*
This long descriptor has been superceded by the long descriptor noted above.

G0178* Intensity modulated radiation therapy (IMRT) plan, including dose volume histograms for target and critical structure partial tolerances, inverse plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification, per course of treatment.

Note: This code was formerly listed in the 2001 HCPCS tape with the following long descriptor: *Intensity modulated radiation therapy (IMRT) delivery to multiple areas with treatment setup and verification images*.
This long descriptor has been superceded by the long descriptor noted above.

G0179* Physician recertification services for Medicare-covered services provided by a participating home health agency (patient not present) including review of subsequent reports of patient status, review of patient's responses to the Oasis Assessment Instrument, contact with the home health agency to ascertain the follow-up implementation plan of care, and documentation in the patient's office record, per certification period

Note: This code was formerly listed in the 2001 HCPCS tape with the following long descriptor: *Intensity modulated radiation therapy (IMRT) planning, includes dose volume nistograms, inverse plan optimization, plan positional accuracy and dose verification*.
This long descriptor has been superceded by the long descriptor noted above.

IV. Clarifications/Corrections Related to Drug Issues

The payment rate associated with J1327, eptifibatide (Integrillin) injection, 5mg, has been revised from $6.28 to $12.57 effective August 1, 2000. The payment rate associated with C9005 has been revised from $2,612.50 to $1,306.25. The HCPCS code for reteplase double bolus (J2994) will be discontinued effective January 01, 2001 since this drug will be packaged as one single-use vial (C9005) only. However, J2994 is still reportable until April 1, 2001. Thereafter, reteplase (18.1mg) should be reported with HCPCS code C9005.

For doses greater than what is indicated with the associated long descriptor, indicate the appropriate units in the UB-92 (HCFA 1450) form. Please note both HCPCS codes have an effective date of August 1, 2000. For claim re-adjustment, re-submit claims for reteplase and eptifibatide if it was initially submitted in August or September 2000.

HCPCS Code	Status Ind	Descriptor	APC	Payment Amt	Copayment Amount
C9005	G	Injection, reteplase, 18.1 mg (one single-use vial)	9005	$1,306.25	$175.04
J1327	G	Eptifibatide injection, 5mg	1607	$12.57	$1.68

V. 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 January 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.

C1031	Electrode, needle, ablation, MR Compatible LeVeen, Modified LeVeen Needle Electrode
C1146	Endotracheal tube, VETT Endotracheal Tube
C1170	Biopsy device, breast, ABBI Device
C1175	Biopsy device, MIBB Device
C1176	Biopsy device, Mammotome HH Hand-Held Probe with Smartvac Vacuum System
C1177	Biopsy device, 11-Gauge Mammotome Probe with Vacuum Cannister
C1179	Biopsy device, 14-Gauge Mammotome Probe with Vacuum Cannister
C1321	Electrode, disposable, Palate Somnoplasty Coagulating Electrode, Base of Tongue Somnoplasty Coagulating Electrode
C1322	Electrode, disposable, Turbinate Somnoplasty Coagulating Electrode
C1323	Electrode, disposable, VAPR Electrode, VAPR T Thermal Electrode
C1324	Electrode, disposable, LigaSure Disposable Electrode
C1329	Electrode, disposable, Gynecare VERSAPOINT Resectoscopic System Bipolar Electrode
C1368	Infusion system, On-Q Pain Management System, On-Q Soaker Pain Management System, PainBuster Pain Management System
C2600	Catheter, Gold Probe Single-Use Electrohemostasis Catheter

NOTE: The HCPCS codes assigned to devices listed in this PM may be used only for those specific devices. An already assigned HCPCS C-code may not be substituted for a different brand/trade name device or any other device not listed in this PM, even if it is the same type of device.

Fiscal intermediaries should immediately forward this PM electronically to 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 1, 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.

For questions regarding the drugs listed in this PM, contact Kitty Ahern (KAhern@hcfa.gov) at (410) 786-4515.