
Program Memorandum Intermediaries

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

Transmittal A-00-61

Date: SEPTEMBER 6, 2000

CHANGE REQUEST 1307

SUBJECT: Update 1--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 Outpatient PPS.

Section I lists items with specific C-codes that are effective October 1, 2000. Many of the items listed in this section were effective August 1, 2000 with temporary assigned C-codes for use from August 1, 2000 to September 30, 2000 (See A-00-42 dated July 26, 2000). Section II contains a list of devices that are classified in "new technology" APCs. Section III contains a new set of APCs created specifically for new technology devices. Section IV contains a list of blood/blood products that are classified in separate APCs and are not eligible for transitional pass-through payments. Section V contains a list of clarifications and corrections from the published program memorandum (A-00-42) dated July 26, 2000. Section VI contains an item that will be ineligible for pass-through payments effective October 1, 2000. Unless otherwise indicated, the effective date for the items in this PM is October 1, 2000.

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 considered reasonable and necessary.

The Outpatient Code Editor and PRICER currently contain the codes included in this document. However, Fiscal Intermediaries must add these codes to the HCPCS file in their internal claims processing systems. The codes are currently available to Fiscal Intermediaries for immediate retrieval via HCFA's mainframe telecommunication system under the following file name:

Data MU00.@AAA2360.HCPC1000.CONTR
Print MU00.@AAA2360.HCPC1000.PRINT

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.

Refer to Transmittal No. A-00-36 issued June 2000 regarding application of the deductible and coinsurance to codes contained in this HCPCS file. Coinsurance is not applied to the additional payment allowed under the transitional pass-through provision. Therefore, some codes included in this PM are not subject to coinsurance payments. As stated in Transmittal No. A-00-36, the PRICER will calculate the deductible and coinsurance, if applicable, for billed services.

I. Drugs, Biologics, and Devices Effective October 1, 2000

HCPCS CODE	LONG DESCRIPTOR
C1003	Catheter, ablation, Livewire TC Ablation Catheter 402132, 402133, 402134, 402135, 402136, 402137, 402145, 402146, 402147, 402148, 402149, 402150, 402151, 402152, 402153, 402154, 402155, 402156
C1004	Fast-Cath, Swartz, SAFL, CSTA, SEPT, RAMP Guiding Introducer
C1007	Prosthesis, penile, AMS 700 Penile Prosthesis, AMS Ambicor Penile Prosthesis Note: Only the AMS Ambicor Penile Prosthesis is effective October 1, 2000. The AMS 700 Penile Prosthesis was effective August 1, 2000.
C1025	Catheter, Marinr CS, InDura Intraspinal Catheter Note: The Marinr CS and InDura Intraspinal Catheter were effective August 1, 2000. See Section V of this PM for additional information.
C1035	Catheter, intracardiac echocardiography, Ultra ICE 6F, 12.5 MHz Catheter (with disposable sheath), Ultra ICE 9F, 9 MHz Catheter (with disposable sheath)
C1038	Catheter, imaging, UltraCross 2.9 F 30 MHz Coronary Imaging Catheter, UltraCross 3.2 F MHz Coronary Imaging Catheter
C1039	Stent, tracheobronchial, Wallstent Tracheobronchial Endoprosthesis (covered), Wallstent Tracheobronchial Endoprosthesis with Permalume Covering and Unistep Plus Delivery System, Wallstent RP Tracheobronchial Endoprosthesis with Unistep Plus Delivery System Note: Only the Wallstent RP Tracheobronchial Endoprosthesis with Unistep Plus Delivery System is effective October 1, 2000. The Wallstent Tracheobronchial was effective August 1, 2000.
C1040	Stent, self-expandable for creation of intrahepatic shunts, Wallstent Transjugular Intrahepatic Portosystemic Shunt (TIPS) with Unistep Plus Delivery System (20/40/60 mm in length), Wallstent RP TIPS Endoprosthesis with Unistep Plus Delivery System (20/40/60 mm in length) Note: Only the Wallstent RP TIPS Endoprosthesis with Unistep Plus Delivery System is effective October 1, 2000. The Wallstent TIPS Endoprosthesis with Unistep Plus Delivery System was effective August 1, 2000.
C1042	Stent, biliary, Wallstent Biliary Endoprosthesis with Unistep Plus Delivery System, Wallstent Biliary Endoprosthesis with Unistep Delivery System (Biliary Stent and Catheter), Wallstent RP Biliary Endoprosthesis with Unistep Plus Delivery System, Ultraflex Diamond Biliary Stent System, New Microvasive Biliary Stent and Delivery System Note: Only the Wallstent RP Biliary Endoprosthesis with Unistep Plus Delivery System is effective October 1, 2000. The Wallstent, UltraFlex Diamond, and Microvasive Biliary Stent Systems were effective August 1, 2000.
C1051	Catheter, thrombectomy, Oasis Thrombectomy Catheter
C1054	Catheter, thrombectomy, Hydrolyser 6F Mechanical Thrombectomy Catheter, Hydrolyser 7F Mechanical Thrombectomy Catheter
C1055	Catheter, Transesophageal 210 Atrial Pacing Catheter, Transesophageal 210-S Atrial Pacing Catheter
C1056	Catheter, ablation, Gynecare Thermachoice II Catheter
C1101	Catheter, percutaneous transluminal coronary angioplasty guide, Medtronic AVE 5F, 6F, 7F, 8F, 9F Zuma Guide Catheter, Medtronic AVE Z2 5F, 6F, 7F, 8F, 9F Zuma Guide Catheter Note: Only the Medtronic AVE Z2 Zuma Guide Catheters are effective October 1, 2000. The Medtronic AVE Zuma Guide Catheters were effective August 1, 2000.
C1117	Endograft system, Ancure Endograft Delivery System
C1135	Pacemaker, dual chamber, rate-responsive, Entity DR 5326L, Entity DR 5326R
C1136	Pacemaker, dual chamber, rate-responsive, Affinity DR 5330L, Affinity DR 5330R
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
- C1180 Pacemaker, single chamber, Vigor SR
- C1181 Pacemaker, single chamber, Meridian SSI
- C1182 Pacemaker, single chamber, Pulsar SSI
- C1183 Pacemaker, single chamber, Jade II S, Sigma 300 S
- C1184 Pacemaker, single chamber, Sigma 200 S
- C1303 Lead, defibrillator, CapSure Fix 6940, CapSure Fix 4068-110
- C1319 Stent, enteral, Wallstent Enteral Wallstent Endoprosthesis and Unistep Delivery System (60mm in length), Enteral Wallstent Endoprosthesis and Unistep Plus Delivery System/Single-Use Colonic and Duodenal Endoprosthesis with Unistep Plus Delivery System (60mm in length)
Note: Only the Enteral Wallstent Endoprosthesis with **Unistep Plus** Delivery System is effective October 1, 2000. The Wallstent Enteral Endoprosthesis and Unistep Delivery System was effective August 1, 2000.
- C1320 Stent, iliac, Wallstent Iliac Endoprosthesis with Unistep Plus Delivery System, Wallstent **RP** Iliac Endoprosthesis with Unistep Plus Delivery System
Note: Only the Wallstent **RP** Iliac Endoprosthesis with Unistep Plus Delivery System is effective October 1, 2000. The Wallstent Iliac Endoprosthesis with Unistep Plus Delivery System was effective August 1, 2000.
- 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
- C1329 Electrode, disposable, Gynecare VERSAPOINT Resectoscopic System Bipolar Electrode
- C1336 Infusion pump, implantable, non-programmable, Constant Flow Implantable Pump with Bolus Safety Valve Model 3000, Model 3000-16 (16ml), Model 3000-50 (50ml)
Note: Constant Flow Implantable Pump Model 3000 was effective August 1, 2000. Models 3000-16 and 3000-50 are effective October 1, 2000.
- C1337 Infusion pump, implantable, non-programmable, IsoMed Infusion Pump Model 8472-20, 8472-35, 8472-60
- C1363 Defibrillator, implantable, dual chamber, Gem DR
- C1364 Defibrillator, dual chamber, Photon DR V-230HV3
- C1365 Guide wire, peripheral, Hi-Torque SPARTACORE 14 Guide Wire, Hi-Torque MEMCORE FIRM 14 Guide Wire, Hi-Torque STEELCORE 18 Guide Wire, Hi-Torque STEELCORE 18 **LT** Guide Wire, Hi-Torque SUPRA CORE 35 Guide Wire
Note: Only the Hi-Torque STEELCORE 18 **LT** Guide Wire is effective October 1, 2000. The other guide wires were effective August 1, 2000.
- C1366 Guide wire, percutaneous transluminal coronary angioplasty, Hi-Torque Iron man, Hi-Torque Balance Middleweight, Hi-Torque All Star, Hi-Torque Balance Heavyweight, Hi-Torque Balance Trek
- C1367 Guide wire, percutaneous transluminal coronary angioplasty, Hi-Torque Cross It, Hi-Torque Cross-It 100XT, Hi-Torque Cross-It 200XT, Hi-Torque Cross-It 300 XT, Hi-Torque Wiggle
- C1368 Infusion system, On-Q Pain Management System, On-Q Soaker Pain Management System, PainBuster Pain Management System
Note: The On-Q Pain Management System, On-Q Soaker Pain Management System, and PainBuster Pain Management System are effective August 1, 2000. See Section V of this PM for additional information.

C1369	Internal receiver, neurostimulation system, ANS Renew Spinal Cord Stimulator System
C1370	Single use device for treatment of female stress urinary incontinence, Tension-Free Vaginal Tape Single Use Device
C1371	Stent, biliary, Symphony Nitinol Stent Transhepatic Biliary System
C1372	Stent, biliary, Smart Cordis Nitinol Stent and Delivery System
C1375	Stent, coronary, NIR ON Ranger Stent Delivery System, NIR w/Sox Stent System, NIR Primo Premounted Stent System
C1376	Lead, neurostimulator, ANS Renew Spinal Cord Stimulation System Lead
C1377	Lead, neurostimulator, Specify 3998 Lead
C1378	Lead, neurostimulator, InterStim Therapy 3080 Lead, InterStim Therapy 3886 Lead
C1379	Lead, neurostimulator, Pisces-Quad Compact 3887 Lead
C1500	Atherectomy system, peripheral, Rotablator Rotational Angioplasty System with the RotaLink Exchangeable Catheter, Advancer, and Guide Wire
C1700	Needle, brachytherapy, Authentic Mick TP Brachytherapy Needle
C1701	Needle, brachytherapy, Medtec MT-BT-5201-25 Brachytherapy Needle
C1702	Needle, brachytherapy, WWMT Brachytherapy Needle, MD Tech P.S.S. Prostate Seeding Set (needle), Imagyn Medical Technologies IsoStar Prostate Brachytherapy Needle
C1703	Needle, brachytherapy, Mentor Prostate Brachytherapy Needle
C1704	Needle, brachytherapy, Medtec MT-BT-5001-25, MT-BT-5051-25
C1705	Needle, brachytherapy, Best Industries Flexi Needle Brachytherapy Seed Implantation (13G, 14G, 15G, 16G, 17G, 18G), Best Industries Prostate Brachytherapy Needle
C1800	Brachytherapy seed, Mentor PdGold Pd-103
C1801	Brachytherapy seed, Mentor IoGold I-125
C1802	Brachytherapy seed, Best Industries Iridium 192
C1803	Brachytherapy seed, Best Industries Iodine 125
C1804	Brachytherapy seed, Best Industries Palladium 103
C1805	Brachytherapy seed, Imagyn Medical Technologies IsoStar Iodine-125 Interstitial Brachytherapy Seed
C1806	Brachytherapy seed, Best Industries Gold 198
C1810	Catheter, balloon dilatation, D114S Over-the-Wire Balloon Dilatation Catheter
C1811	Anchor, Surgical Dynamics Anchorsew, Surgical Dynamics S.D. sorb EZ TAC, Surgical Dynamics S.D. sorb Suture Anchor 2.0mm, Surgical Dynamics S.D. sorb Suture Anchor 3.0mm
C1850	Repliform Tissue Regeneration Matrix, per 14 or 21 square centimeters
C1851	Repliform Tissue Regeneration Matrix, per 24 or 28 square centimeters
C1852	TransCyte, per 247 square centimeters
C1853	Suspend Tutoplast Processed Fascia Lata, per 8 or 14 square centimeters
C1854	Suspend Tutoplast Processed Fascia Lata, per 24 or 28 square centimeters
C1855	Suspend Tutoplast Processed Fascia Lata, per 36 square centimeters

C1856	Suspend Tutoplast Processed Fascia Lata, per 48 square centimeters
C1857	Suspend Tutoplast Processed Fascia Lata, per 84 square centimeters
C1858	DuraDerm Acellular Allograft, per 8 or 14 square centimeters
C1859	DuraDerm Acellular Allograft, per 21, 24 or 28 square centimeters
C1860	DuraDerm Acellular Allograft, per 48 square centimeters
C1861	DuraDerm Acellular Allograft, per 36 square centimeters
C1862	DuraDerm Acellular Allograft, per 72 square centimeters
C1863	DuraDerm Acellular Allograft, per 84 square centimeters
C1864	Bard Sperma Tex Mesh, per 13.44 square centimeters
C1865	Bard FasLata Allograft Tissue, per 8 or 14 square centimeters
C1866	Bard FasLata Allograft Tissue, per 24 or 28 square centimeters
C1867	Bard FasLata Allograft Tissue, per 36 or 48 square centimeters
C1868	Bard FasLata Allograft Tissue, per 96 square centimeters
C1869	Gore Thyroplasty Device, per 8, 12, 30, or 37.5 square centimeters (0.6mm)
C1930	Catheter, percutaneous transluminal coronary angioplasty, Coyote Dilatation Catheter 20mm/30mm/40mm
C1931	Catheter, Talon Balloon Dilatation Catheter
C1932	Catheter, SciMed Remedy Coronary Balloon Dilatation Infusion Catheter (20mm)
C1933	Catheter, Opti-Plast Centurion 5.5F PTA Catheter, shaft length 50cm to 120cm, Opti-Plast XL 5.5F PTA Catheter, shaft length 75 cm to 120cm
C1934	Catheter, Ultraverse 3.5F Balloon Dilatation Catheter
C1935	Catheter, WorkHorse PTA Balloon Catheter
C1936	Catheter, Uromax Ultra High Pressure Balloon Dilatation Catheter with Hydroplus Coating
C1937	Catheter, Synergy Balloon Dilatation Catheter
C1938	Catheter, Bard UroForce Balloon Dilatation Catheter
C1939	Catheter, Ninja PTCA Dilatation Catheter, Raptor PTCA Dilatation Catheter
C1940	Catheter, Cordis PowerFlex Extreme PTA Balloon Catheter, Cordis PowerFlex Plus PTA Balloon Catheter, Cordis OPTA LP PTA Balloon Catheter, Cordis OPTA 5 PTA Balloon Catheter
C1941	Catheter, Jupiter PTA Balloon Dilatation Catheter
C1942	Catheter, Cordis Maxi LD PTA Balloon Catheter
C1943	Catheter, RX CrossSail Coronary Dilatation Catheter, OTW OpenSail Coronary Dilatation Catheter
C1981	Catheter, coronary angioplasty balloon, Adante, Bonnie, Bonnie 15mm, Bonnie Sliding Rail, Bypass Speedy, Chubby, Chubby Sliding Rail, Coyote 20mm, Coyote 9/15/25mm, Maxxum, NC Ranger, NC Ranger 9mm, 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
C2000	Catheter, Orbiter ST Steerable Electrode Catheter
C2001	Catheter, Constellation Diagnostic Catheter

C2002	Catheter, Irvine Inquiry Steerable Electrophysiology 5F Catheter
C2003	Catheter, Irvine Inquiry Steerable Electrophysiology 6F Catheter
C2004	Catheter, electrophysiology, EP Deflectable Tip Catheter (Octapolar)
C2005	Catheter, electrophysiology, EP Deflectable Tip Catheter (Hexapolar)
C2006	Catheter, electrophysiology, EP Deflectable Tip Catheter (Decapolar)
C2007	Catheter, electrophysiology, Irvine Luma-Cath 6F Fixed Curve Electrophysiology Catheter
C2008	Catheter, electrophysiology, Irvine Luma-Cath 7F Steerable Electrophysiology Catheter Model 81910, Model 81915, Model 81912
C2009	Catheter, electrophysiology, Irvine Luma-Cath 7F Steerable Electrophysiology Catheter Model 81920
C2010	Catheter, electrophysiology, Cordis Fixed Curve Catheter (decapolar, hexapolar, octapolar, quadrapolar)
C2011	Catheter, electrophysiology, Cordis Deflectable Tip Catheter (quadrapolar)
C2012	Catheter, ablation, Biosense Webster Celsius Braided Tip Ablation Catheter, Biosense Webster Celsius 5mm Temperature Ablation Catheter, Biosense Webster Celsius II Temperature Sensing Diagnostic/Ablation Tip Catheter
C2013	Catheter, ablation, Biosense Webster Celsius Large Dome Ablation Catheter
C2014	Catheter, ablation, Biosense Webster Celsius II Asymmetrical Ablation Catheter
C2015	Catheter, ablation, Biosense Webster Celsius II Symmetrical Ablation Catheter
C2016	Catheter, ablation, Navi-Star DS Diagnostic/Ablation Catheter, Navi-Star Thermo-Cool Temperature Diagnostic/Ablation Catheter
C2017	Catheter, ablation, Navi-Star Diagnostic/Ablation Deflectable Tip Catheter
C2018	Catheter, ablation, Polaris T Ablation Catheter
C2019	Catheter, EP Medsystems Deflectable Electrophysiology Catheter
C2020	Catheter, ablation, Blazer II XP
C2021	Catheter, EP Medsystems SilverFlex Electrophysiology Catheter, non-deflectable
C2151	Catheter, Veripath Peripheral Guiding Catheter
C2200	Catheter, Arrow-Trerotola Percutaneous Thrombolytic Device Catheter
C2597	Catheter, Clinicath Peripherally Inserted <i>Midline</i> Catheter (PICC) <i>Dual-Lumen</i> PolyFlow Polyurethane Catheter 18G/ 20G/24G (includes catheter and introducer), Clinicath Peripherally Inserted <i>Central</i> Catheter (PICC) <i>Dual-Lumen</i> PolyFlow Polyurethane 16/18G (includes catheter and introducer), Clinicath Peripherally Inserted <i>Central</i> Catheter (PICC) <i>Single-Lumen</i> PolyFlow Polyurethane 18G (includes catheter and introducer)
C2598	Catheter, Clinicath Peripherally Inserted <i>Central</i> Catheter (PICC) <i>Single-Lumen</i> PolyFlow Polyurethane Catheter 18G/ 20G/24G (catheter and introducer), Clinicath Peripherally Inserted <i>Midline</i> Catheter (PICC) <i>Single-Lumen</i> PolyFlow Polyurethane Catheter 20G/24G (catheter and introducer)
C2599	Catheter, Clinicath Peripherally Inserted <i>Central</i> Catheter (PICC) <i>Dual-Lumen</i> PolyFlow Polyurethane Catheter 16G/18G (catheter and introducer)
C2600	Catheter, Gold Probe Single-Use Electrohemostasis Catheter
C2601	Catheter, Bard 10F Dual Lumen Ureteral Catheter
C2602	Catheter, Spectranetics 1.4/1.7mm Vitesse C _{os} Concentric Laser Catheter
C2603	Catheter, Spectranetics 2.0mm Vitesse C _{os} Concentric Laser Catheter

C2604	Catheter, Spectranetics 2.0mm Vitesse E Eccentric Laser Catheter
C2605	Catheter, Spectranetics Extreme Laser Catheter
C2606	Catheter, Oratec SpineCath XL Intradiscal Catheter
C2607	Catheter, Oratec SpineCath Intradiscal Catheter
C2608	Catheter, Scimed 6F Wiseguide Guide Catheter
C2609	Catheter, Flexima Biliary Drainage Catheter with Locking Pigtail, Flexima Biliary Drainage Catheter with Twist Loc Hub
C2700	Defibrillator, single chamber, implantable, MycroPhylax Plus
C2701	Defibrillator, single chamber, implantable, Phylax XM
C2801	Defibrillator, dual chamber, implantable, ELA Medical Defender IV DR Model 612
C2802	Defibrillator, dual chamber, implantable, Phylax AV
C3001	Lead, defibrillator, implantable, Kainox SL, Kainox RV
C3400	Prosthesis, breast, Mentor Saline-Filled Contour Profile, Mentor Siltex Spectrum Mammary Prosthesis
C3401	Prosthesis, breast, Mentor Saline-Filled Spectrum
C3500	Prosthesis, Mentor Alpha I Inflatable Penile Prosthesis, Mentor Alpha I Narrow-Base Inflatable Penile Prosthesis, AMS Sphincter 800 Urinary Prosthesis Note: The Mentor Alpha I Narrow-Base Inflatable Penile Prosthesis and the AMS Sphincter 800 Urinary Prosthesis are effective October 1, 2000. The Mentor Alpha I Inflatable Penile Prosthesis was effective August 1, 2000. See Section V of this PM for additional information.
C3551	Guide wire, percutaneous transluminal coronary angioplasty, Choice, Luge, Patriot, PT Graphix Intermediate, Trooper, Mailman 182/300 cm
C3552	Guide wire, coronary, Hi-Torque Whisper
C3800	Infusion pump, implantable, programmable, SynchroMed EL Infusion Pump
C3851	Intraocular lens, STAAR Elastic Ultraviolet-Absorbing Silicone Posterior Chamber Intraocular Lens with Toric Optic Model AA-4203T, Model AA-4203TF, Model AA-4203TL
C4000	Pacemaker, single chamber, ELA Medical Opus G Model 4621, 4624
C4001	Pacemaker, single chamber, ELA Medical Opus S Model 4121, 4124
C4002	Pacemaker, single chamber, ELA Medical Talent Model 113
C4003	Pacemaker, single chamber, Kairos SR
C4004	Pacemaker, single chamber, Actros SR+, Actros SR-B+
C4005	Pacemaker, single chamber, Philos SR, Philos SR-B
C4300	Pacemaker, dual chamber, Integrity AFx DR Model 5342
C4301	Pacemaker, dual chamber, Integrity AFx DR Model 5346
C4302	Pacemaker, dual chamber, Affinity VDR 5430
C4303	Pacemaker, dual chamber, ELA Brio Model 112 Pacemaker System
C4304	Pacemaker, dual chamber, ELA Medical Brio Model 212, Talent Model 213, Talent Model 223
C4305	Pacemaker, dual chamber, ELA Medical Brio Model 222

C4306	Pacemaker, dual chamber, ELA Medical Brio Model 220
C4307	Pacemaker, dual chamber, Kairos DR
C4308	Pacemaker, dual chamber, Inos ² , Inos ²⁺
C4309	Pacemaker, dual chamber, Actros DR+, Actros D+, Actros DR-A+, Actros SLR+
C4310	Pacemaker, dual chamber, Actros DR-B+
C4311	Pacemaker, dual chamber, Philos DR, Philos DR-B, Philos SLR
C4600	Lead, pacemaker, Synox, Polyrox, Elox, Retrox, SL-BP, ELC
C5001	Stent, biliary, Bard Memotherm-Flex Biliary Stent, small or medium diameter
C5002	Stent, biliary, Bard Memotherm-Flex Biliary Stent, large diameter
C5003	Stent, biliary, Bard Memotherm-Flex Biliary Stent, x-large diameter
C5004	Stent, biliary, Cordis Palmaz Corinthian IQ Transhepatic Biliary Stent
C5005	Stent, biliary, Cordis Palmaz Corinthian IQ Transhepatic Biliary Stent and Delivery System
C5006	Stent, biliary, Cordis Medium Palmaz Transhepatic Biliary Stent and Delivery System
C5007	Stent, biliary, Cordis Palmaz XL Transhepatic Biliary Stent (40mm length)
C5008	Stent, biliary, Cordis Palmaz XL Transhepatic Biliary Stent (50mm length)
C5009	Stent, biliary, Biliary VistaFlex Stent
C5010	Stent, biliary, Rapid Exchange Single-Use Biliary Stent System
C5011	Stent, biliary, IntraStent, IntraStent LP
C5012	Stent, biliary, IntraStent DoubleStrut LD
C5013	Stent, biliary, IntraStent DoubleStrut, IntraStent DoubleStrut XS
C5014	Stent, biliary, Medtronic AVE Bridge Stent System--Biliary Indication (10mm, 17mm, 28mm)
C5015	Stent, biliary, Medtronic AVE Bridge Stent System--Biliary Indication (40mm-60mm, 80-100mm), Medtronic AVE Bridge X3 Biliary Stent System (17mm)
C5016	Stent, biliary, Wallstent Single-Use Covered Biliary Endoprosthesis with Unistep Plus Delivery System
C5017	Stent, biliary, Wallstent RP Biliary Endoprosthesis with Unistep Plus Delivery System (20, 40, 42, 60, 68 mm in length)
C5018	Stent, biliary, Wallstent RP Biliary Endoprosthesis with Unistep Plus Delivery System (80, 94 mm in length)
C5030	Stent, coronary, S660 with Discrete Technology Over-the-Wire Coronary Stent System (9mm, 12mm), S660 with Discrete Technology Rapid Exchange Coronary Stent System (9mm, 12mm)
C5031	Stent, coronary, S660 with Discrete Technology Over-the-Wire Coronary Stent System (15mm, 18mm), S660 with Discrete Technology Rapid Exchange Coronary Stent System (15mm, 18mm)
C5032	Stent, coronary, S660 with Discrete Technology Over-the-Wire Coronary Stent System (24mm, 30mm), S660 with Discrete Technology Rapid Exchange Coronary Stent System (24mm, 30mm)
C5033	Stent, coronary, Niroyal Advance Premounted Stent System (9mm)
C5034	Stent, coronary, Niroyal Advance Premounted Stent System (12mm and 15mm)
C5035	Stent, coronary, Niroyal Advance Premounted Stent System (18mm)
C5036	Stent, coronary, Niroyal Advance Premounted Stent System (25mm)

C5037	Stent, coronary, Nitro Advance Premounted Stent System (31mm)
C5038	Stent, coronary, BX Velocity Balloon-Expandable Stent with Raptor Over-the-Wire Delivery System
C5039	Stent, peripheral, IntraCoil Peripheral Stent (40mm stent length)
C5040	Stent, peripheral, IntraCoil Peripheral Stent (60mm stent length)
C5041	Stent, coronary, Medtronic BeStent 2 Over-the-Wire Coronary Stent System (24mm, 30mm)
C5042	Stent, coronary, Medtronic BeStent 2 Over-the-Wire Coronary Stent System (18mm)
C5043	Stent, coronary, Medtronic BeStent 2 Over-the-Wire Coronary Stent System (15mm)
C5044	Stent, coronary, Medtronic BeStent 2 Over-the-Wire Coronary Stent System (9mm, 12mm)
C5045	Stent, coronary, Multilink Tetra Coronary Stent System
C5046	Stent, coronary, Radius 20mm Self Expanding Stent with Over the Wire Delivery System
C5130	Stent, colon, Wilson-Cook Colonic Z-Stent
C5131	Stent, colorectal, Bard Memotherm Colorectal Stent Model S30R060
C5132	Stent, colorectal, Bard Memotherm Colorectal Stent Model S30R080
C5133	Stent, colorectal, Bard Memotherm Colorectal Stent Model S30R100
C5134	Stent, enteral, Wallstent Enteral Endoprosthesis and Unistep Delivery System (90mm in length), Enteral Wallstent Endoprosthesis with Unistep Plus Delivery System (90mm in length)
	Note: Only the Enteral Wallstent Endoprosthesis with Unistep Plus Delivery System is effective October 1, 2000. The Wallstent Enteral and Unistep Delivery System was effective August 1, 2000.
C5280	Stent, ureteral, Bard Inlay Double Pigtail Ureteral Stent
C5281	Stent, tracheobronchial, Wallgraft Tracheobronchial Endoprosthesis with Unistep Delivery System (70mm in length)
C5282	Stent, tracheobronchial, Wallgraft Tracheobronchial Endoprosthesis with Unistep Delivery System (20mm, 30mm, 50mm in length)
C5283	Stent, self-expandable for creation of intrahepatic shunts, Wallstent Transjugular Intrahepatic Portosystemic Shunt (TIPS) with Unistep Plus Delivery System (80 mm in length), Wallstent RP TIPS Endoprosthesis with Unistep Plus Delivery System (80 mm in length)
	Note: Only the Wallstent RP TIPS Endoprosthesis with Unistep Plus Delivery System is effective October 1, 2000. The Wallstent TIPS with Unistep Plus Delivery System was effective August 1, 2000.
C5284	Stent, tracheobronchial, UltraFlex Tracheobronchial Endoprosthesis (covered and non-covered)
C5600	Vascular Closure Device, VasoSeal ES (Extravascular Security) Device
C6001	Mesh, hernia, Bard Composix Mesh, per 8 or 18 inches
C6002	Mesh, hernia, Bard Composix Mesh, per 32 inches
C6003	Mesh, hernia, Bard Composix Mesh, per 48 inches
C6004	Mesh, hernia, Bard Composix Mesh, per 80 inches
C6005	Mesh, hernia, Bard Composix Mesh, per 140 inches
C6006	Mesh, hernia, Bard Composix Mesh, per 144 inches
C6012	Pelvicol Acellular Collagen Matrix, per 8 or 14 square centimeters
C6013	Pelvicol Acellular Collagen Matrix, per 21, 24, or 28 square centimeters

C6014	Pelvicol Acellular Collagen Matrix, per 40 square centimeters
C6015	Pelvicol Acellular Collagen Matrix, per 48 square centimeters
C6016	Pelvicol Acellular Collagen Matrix, per 96 square centimeters
C6017	Gore-Tex DualMesh Biomaterial, per 75 or 96 square centimeters (1mm thick)
C6018	Gore-Tex DualMesh Biomaterial, per 150 square centimeters oval shaped (1mm thick)
C6019	Gore-Tex DualMesh Biomaterial, per 285 square centimeters oval shaped (1mm thick)
C6020	Gore-Tex DualMesh Biomaterial, per 432 square centimeters (1mm thick)
C6021	Gore-Tex DualMesh Biomaterial, per 600 square centimeters (1mm thick)
C6022	Gore-Tex DualMesh Biomaterial, per 884 square centimeters oval shaped (1mm thick)
C6023	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 75 or 96 square centimeters (1mm thick)
C6024	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 150 square centimeters oval shaped (1mm thick)
C6025	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 285 square centimeters oval shaped (1mm thick)
C6026	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 432 square centimeters (1mm thick)
C6027	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 600 square centimeters (1mm thick)
C6028	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 884 square centimeters oval shaped (1mm thick)
C6029	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 150 square centimeters oval shaped (2mm thick)
C6030	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 285 square centimeters oval shaped (2mm thick)
C6031	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 432 square centimeters (2mm thick)
C6032	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 600 square centimeters (2mm thick)
C6033	Gore-Tex DualMesh <i>Plus</i> Biomaterial, per 884 square centimeters (2mm thick)
C6034	Bard Reconix ePTFE Reconstruction Patch 150 square centimeters (2mm thick)
C6035	Bard Reconix ePTFE Reconstruction Patch 150 square centimeters (1mm thick), 75 square centimeters (2mm thick)
C6036	Bard Reconix ePTFE Reconstruction Patch 50 or 75 square centimeters (1mm thick), 50 square centimeters (2mm thick)
C6037	Bard Reconix ePTFE Reconstruction Patch 300 square centimeters (1 mm thick)
C6038	Bard Reconix ePTFE Reconstruction Patch 600 square centimeters (1mm thick), 300 square centimeters (2mm thick)
C6039	Bard Reconix ePTFE Reconstruction Patch 884 square centimeters oval shaped (1mm thick)
C6040	Bard Reconix ePTFE Reconstruction Patch 600 square centimeters (2mm thick)
C6041	Bard Reconix ePTFE Reconstruction Patch 884 square centimeters oval shaped (2mm thick)
C6050	Sling fixation system for treatment of stress urinary incontinence, Female In-Fast Sling Fixation System with Electric Inserter <i>with</i> Sling Material, Female In-Fast Sling Fixation System with Electric Inserter <i>without</i> Sling Material
C6051	Stratasis Urethral Sling, 20/40 cm
C6052	Stratasis Urethral Sling, 60 cm
C6080	Sling fixation system for treatment of stress urinary incontinence, Male Straight-In Fixation System with Electric Inserter <i>with</i> Sling Material and Disposable Pressure Sensor, Male Straight-In Fixation System with Electric Inserter <i>without</i> Sling Material and Disposable Pressure Sensor

C6500	Sheath, guiding, Preface Braided Guiding Sheath (anterior curve, multipurpose curve, posterior curve)
C6501	Sheath, Soft Tip Sheaths
C6600	Probe, Microvasive Swiss F/G Lithoclast Flexible Probe .89mm, Microvasive Swiss F/G Lithoclast Flexible Probe II .89mm
C8100	Adhesion barrier, ADCON-L
C9000	Injection, sodium chromate Cr51, per 0.25 mCi
C9001	Linezolid injection, per 200mg
C9002	Tenecteplase, per 50mg/vial
C9003	Palivizumab, per 50 mg
C9004	Injection, gemtuzumab ozogamicin, per 5mg
C9005	Injection, reteplase, 18.8 mg (one single-use vial)
C9006	Injection, tacrolimus, per 5 mg (1 amp)
C9007	Baclofen Intrathecal Screening Kit
C9008	Baclofen Intrathecal Refill Kit, per 500mcg
C9009	Baclofen Intrathecal Refill Kit, per 2000mcg
C9010	Baclofen Intrathecal Refill Kit, per 4000mcg
C9100	Supply of radiopharmaceutical diagnostic imaging agent, iodinated I-131 albumin, per mCi
C9102	Supply of radiopharmaceutical diagnostic imaging agent, 51 sodium chromate, per 50 mCi
C9103	Supply of radiopharmaceutical diagnostic imaging agent, sodium iothalamate I-125 Injection, Per 10 uCi
C9104	Ani-thymocyte globulin, per 25mg
C9105	Injection, hepatitis B immune globulin, per 1 ml
C9106	Sirolimus, per 1mg/ml
Q3001	Radioelements for brachytherapy, any type, each

Note: This code was effective August 1, 2000. See Section V of this PM for additional information.

II. Devices Eligible for New Technology Payments Effective October 1, 2000

We received a large number of applications from pharmaceutical and device manufacturers, hospitals and other interested parties for transitional pass-through payments. Many of the items included in these applications were approved for pass-through status. However, a number of them did not meet the criteria for pass-through payment that were established by statute and in the outpatient prospective payment system final rule published in the *Federal Register* on April 7, 2000 (65 FR 18478-18482). The statute permits transitional pass-through payments for a new item only where payment for the item was not being made as of December 31, 1996. We determined that many of the items that failed to meet the pass-through criteria were items that were in use prior to 1997. We therefore evaluated the items that failed to meet the pass-through criteria to determine their potential eligibility for recognition as new technology items.

We stated in our final rule that an item or service must meet certain criteria to be considered eligible for assignment to a new technology payment group (see 65 FR 18478). The first criterion is that “[t]he item or service is one that could not have been billed to the Medicare program in 1996 or, if it was available in 1996, the cost of the item or price could not have been adequately represented in 1996 data” (65 FR 18478). In determining whether the cost of an item

or service “could not have been adequately represented,” we used the methodology specified in section 201(g) of the Balanced Budget Refinement Act of 1999, which limits the variation of costs of services classified within a group. Using this methodology, if the cost of the device (as submitted by the manufacturer) plus the median cost for the procedure with which the device is associated would have exceeded the limits imposed by the “two times” rule set forth in our April 7, 2000 final rule for the relevant APC (65 FR 18439), we determined that the cost of the item could not have been adequately represented in the 1996 data used to construct the outpatient PPS. Therefore, we found such items eligible for payment as new technology items and assigned them to the appropriate new device technology APCs.

Payments for these new technology devices are made prospectively based on the assigned APC payment rate rather than based on the hospital’s billed charges for the device adjusted to cost using the individual hospital’s average cost-to-charge ratio. An APC payment will be made for each of the new technology items in addition to the APC payment for the surgical procedure with which the device is associated. These new device technology items are listed below.

Please note many of the items listed below were published in transmittal A-00-42. At the time these C-codes were assigned a new technology service APC. We have now created separate new device technology APCs for these devices. See Section III of this PM for clarification of these new APCs.

HCPCS C-code	Long Descriptor	APC
C8500	Catheter, atherectomy, Atherocath-GTO Atherectomy Catheter	991
C8501	Pacemaker, single chamber, Vigor SSI	995
C8502	Catheter, diagnostic, electrophysiology, Livewire Steerable Electrophysiology Catheter	988
C8503	Catheter, Synchromed Vascular Catheter Model 8702	988
C8504	Closure device, VasoSeal Vascular Hemostasis Device	987
C8505	Infusion pump, implantable, programmable, SynchroMed Infusion Pump	997
C8506	Lead, pacemaker, 4057M, 4058M, 4557M, 4558M, 5058	990
C8507	Lead, defibrillator, 6721L, 6721M, 6721S, 6939 Oval Patch Lead	990
C8508	Lead, defibrillator, CapSure 4965	990
C8509	Lead, defibrillator, Transvene 6933, Transvene 6937	990
C8510	Lead, defibrillator, DP-3238	990
C8511	Lead, defibrillator, EndoTak DSP	996
C8512	Lead, neurostimulation, On-Point Model 3987, Pisces—Quad Plus Model 3888, Resume TL Model 3986	991
C8513	Lead, neurostimulation, Pisces—Quad Model 3487a, Resume II Model 3587a	991
C8514	Prosthesis, penile, Dura II Penile Prosthesis	993
C8516	Prosthesis, penile, Mentor Acu-Form Malleable Penile Prosthesis, Mentor Malleable Penile Prosthesis	992
C8518	Pacemaker, dual chamber, Vigor DDD	996
C8519	Pacemaker, dual chamber, Vista DDD	996
C8520	Pacemaker, single chamber, Legacy II S	995
C8521	Receiver/transmitter, neurostimulator, Medtronic Matrix	997
C8522	Stent, biliary, PALMAZ Balloon Expandable Stent	990
C8523	Stent, biliary, Wallstent Transhepatic Biliary Endoprosthesis	991
C8524	Stent, esophageal, Wallstent Esophageal Prosthesis	991
C8525	Stent, esophageal, Wallstent Esophageal Prosthesis (Double)	992
C8526	OptiPlast XT 5F Percutaneous Transluminal Angioplasty Catheter (various sizes)	987

C8528	MS Classique Balloon Dilation Catheter	987
C8529	Crista Cath II Deflectable 20-Pole Catheter	990
C8530	Mentor Siltex Gel-filled Mammary Prosthesis, Smooth-Surface Gel-filled Mammary Prosthesis	989
C8531	Wilson-Cook Esophageal Z Metal Expandable Stent	989
C8532	Stent, esophageal, UltraFlex Esophageal Stent System	991
C8533	Catheter, Synchromed Vascular Catheter Model 8700A, 8700V	988
C8534	Prosthesis, penile, AMS Malleable 650 Penile Prosthesis	992

III. New Device Technology APCs Effective October 1, 2000

To differentiate between new technology services and new technology devices, we have created eleven (11) new technology APCs (0987-0997) applicable only to new technology devices. Below is a list of new technology APCs for the new technology devices listed in Section II. These “new device technology” APCs will be reflected in the Outpatient Code Editor and PRICER for the October update.

APC	Group Title	Status Indicator
0987	New Device Technology—Level I (\$0-\$250)	X
0988	New Device Technology—Level II (\$250-\$500)	X
0989	New Device Technology—Level III (\$500-\$750)	X
0990	New Device Technology—Level IV (\$750-\$1000)	X
0991	New Device Technology—Level V (\$1000-1500)	X
0992	New Device Technology—Level VI (\$1500-\$2000)	X
0993	New Device Technology—Level VII (\$2000-\$3000)	X
0994	New Device Technology—Level VIII (\$3000-\$4000)	X
0995	New Device Technology—Level IX (\$4000-\$5000)	X
0996	New Device Technology--Level X (\$5000-\$7000)	X
0997	New Device Technology—Level XI (\$7000-\$9000)	X

IV. Blood/Blood Products Classified in Separate APCs Effective October 1, 2000

The following list of blood/blood products are classified in separate APCs. Since these are classified in separate APCs, they are **not** eligible for transitional pass-through payments.

HCPCS Code	Long Descriptor	APC
C9500	Platelets, irradiated, each unit	9500
C9501	Platelets, pheresis, each unit	9501
C9502	Platelets, pheresis, irradiated, each unit	9502
C9503	Fresh frozen plasma, donor retested, each unit	9503
C9504	Red blood cells, deglycerolized, each unit	9504
C9505	Red blood cells, irradiated, each unit	9505

V. Clarifications/Corrections

On July 26, 2000 we published *Transmittal A-00-42*. Below are clarifications and corrections from this transmittal. Unless otherwise indicated, the effective date for the codes listed below is August 1, 2000 and the implementation date is August 14, 2000.

C1025 (Catheter, diagnostic, electrophysiology, Marinr CS):

The words “diagnostic” and “electrophysiology” have been deleted from the long descriptor for C1025. The device “InDura Intraspinal Catheter” should be added to the long descriptor for C1025. The correct long descriptor reads as follows:

C1025 Catheter, Marinr CS, InDura Intraspinal Catheter

C1164 (Brachytherapy seed, intracavity, I-125 seeds):

The word “intracavity” has been deleted from the long descriptor for C1164. The correct long descriptor reads as follows:

C1164 Brachytherapy seed, Iodine-125

C1325 (Brachytherapy seed, intracavity, Palladium 103 seeds):

The word “intracavity” has been deleted from the long descriptor for C1325. The correct long descriptor reads as follows:

C1325 Brachytherapy seed, Palladium-103

C1368 (Infusion System, On-Q Pain Management System):

The On-Q Pain Management System was assigned to C-code C1036 for use from August 1, 2000 to September 30, 2000. The long descriptor for C1036 should include the following: Infusion System, On-Q Pain Management System, On-Q Soaker Pain Management System, PainBuster Pain Management System. Effective October 1, 2000, the code for this device is C1368 and the long descriptor for this code reads as follows:

C1368 Infusion System, On-Q Pain Management System, On-Q Soaker Pain Management System, PainBuster Pain Management System,

C8515 (Prosthesis, penile, Mentor Alpha I Narrow-Base Inflatable Penile Prosthesis)

Effective October 1, 2000 the Mentor Alpha I Narrow-Base Inflatable Penile Prosthesis should be reported with C-code C3500. This device was assigned to C8515 in transmittal A-00-42. Since this device will now be reported using C3500, C8515 is no longer reportable under the Hospital OPPS.

C8517 (Prosthesis, penile, Ambicor Penile Prosthesis)

Effective October 1, 2000 the Ambicor Penile Prosthesis should be reported with C-code C1007. This device was assigned to C8517 in transmittal A-00-42. Since this device will now be reported using C1007, C8517 is no longer reportable under the Hospital OPPS.

C9007-C9010 (Baclofen):

The following C-codes will replace J0476 and should be used to report a Baclofen intrathecal screening kit as well as the intrathecal refill kits effective October 1, 2000. **J0476** should NOT be reported under the Hospital OPPS as of October 1, 2000.

C9007	Baclofen Intrathecal Screening Kit
C9008	Baclofen Intrathecal Refill Kit, per 500mcg
C9009	Baclofen Intrathecal Refill Kit, per 2000mcg
C9010	Baclofen Intrathecal Refill Kit, per 4000mcg

J0735 (Clonidine HCL):

Through error, this code was listed in Addendum K of the April 7, 2000 final rule (65 FR 18820) as eligible for pass-through payment. This code is not eligible for pass-through payments. Rather, J0735 is a drug that is not paid separately but packaged into the APC

rate of the relevant procedure. This error has been corrected in the OCE and the code has a status indicator “N.”

J2545 (Pentamidine isethionate/300mg):

Through error, this code was listed in Addendum K of the April 7, 2000 final rule (65 FR 18820) as eligible for pass-through payment. This code is not paid under the Outpatient PPS and therefore, is not eligible for pass-through payments. Rather, J2545 is a drug that is paid under a different fee schedule. This error has been corrected in the OCE and the code has a status indicator “A.”

J7513 (Daclizumab, parenteral, 25mg):

This code was listed incorrectly in Addendum K of the April 7, 2000 final rule (65 FR 18820) as code J7913. The correct code is J7513 and this change is reflected in the OCE. This drug is eligible for pass-through payments.

Q3001 (Radioelements for brachytherapy, any type, each):

This code was effective August 1, 2000, however, it was inadvertently omitted from transmittal A-00-42. This code should be used to report brachytherapy seed(s) where there is not a more specific code indicated in transmittal A-00-42 or in this program memorandum.

Q3001 may be reported for dates of service up to March 31, 2001. Effective April 1, 2001, Q3001 will no longer be reportable under the Outpatient PPS. Only specific brachytherapy codes will be valid for filing brachytherapy seed claims for dates of service on or after April 1, 2001.

Brachytherapy seed manufacturers are urged to submit applications for their specific brachytherapy seed(s) for the transitional pass-through payments if they have not already submitted an application. The deadline to submit an application for the April 1, 2001 update is December 1, 2000.

Q3005 (Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m mertiatide, per vial):

The correct dosage/measurement for this radiopharmaceutical agent is “per mCi.” The corrected long descriptor for this code reads as follows:

Q3005 Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m mertiatide, per mCi

Q0181 (Unspecified Oral Anti-Emetic):

This code will no longer be a valid code for reporting Outpatient PPS services as of October 1, 2000.

Devices with New C-codes:

The devices below were listed in Section I of Transmittal A-00-42. As a result of changes in our system, we have corrected the C-codes for these devices. The following are the correct C-codes and long descriptor for each:

Old C-code	Corrected C-code	Long Descriptor
C1108	C1810	Catheter, balloon, dilatation, D114S Over-the-Wire Balloon Dilatation Catheter
C1600	C1850	Repliform Tissue Regeneration Matrix, per 14 or 21 square centimeters
C1601	C1851	Repliform Tissue Regeneration Matrix, per 24 or 28 square centimeters

VI. Item No Longer Eligible for Pass-Through Payments

C1005 (Intraocular lens, Sensar Soft Acrylic Posterior Chamber IOL):

Code C1005 may be used to bill Outpatient PPS claims for pass-through payments for dates of service beginning August 1, 2000 through September 30, 2000 only. The intraocular lens (IOL) associated with this code was included erroneously on the pass-through list.

Therefore, effective October 1, 2000, such IOL will no longer be eligible for pass-through payments and C1005 will not be recognized as a valid code for billing such IOL.

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.

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 October 1, 2000. This date applies to the date of service performed on or after October 1, 2000.

The implementation date of this PM is October 1, 2000.

This PM should be discarded after October 1, 2001.

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.