# Medtronic Product HCPCS and Outpatient Category C-Codes

The following is a list of Medtronic Neurological products grouped by type of therapy. This information will be helpful when providing patient care in the hospital outpatient setting.

## Neurostimulation
### Chronic Pain

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code¹</th>
<th>Hospital Outpatient Category C-Codes²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synergy™ implantable neurostimulator and extension</td>
<td>7427 7471 or 7489</td>
<td>E0756</td>
<td>C1767 C1883</td>
</tr>
<tr>
<td>Synergy™ Versitrel implantable neurostimulator and extension</td>
<td>7427V 7471 or 7489</td>
<td>E0756</td>
<td>C1767 C1883</td>
</tr>
<tr>
<td>Synergy EZ™ patient programmer (hand-held)</td>
<td>7435</td>
<td>E0754</td>
<td>C1767</td>
</tr>
<tr>
<td>Itrel® 3 implantable neurostimulator and in-line connector extension</td>
<td>7425 7489</td>
<td>E0756</td>
<td>C1767 C1883</td>
</tr>
<tr>
<td>Itrel® 3 EZ™ patient programmer (hand-held)</td>
<td>7434A</td>
<td>E0754</td>
<td>C1787</td>
</tr>
<tr>
<td>Matrix receiver (2X4) Matrix transmitter kit</td>
<td>3272 3210</td>
<td>E0757 (receiver) E0758 (transmitter)</td>
<td>C1816</td>
</tr>
<tr>
<td>Pisces Z-Quad® lead kit</td>
<td>3890</td>
<td>E0752</td>
<td>C1778</td>
</tr>
<tr>
<td>Pisces Z-Quad® compact lead kit</td>
<td>3891</td>
<td>E0752</td>
<td>C1778</td>
</tr>
<tr>
<td>Pisces Z-Quad® Plus lead kit</td>
<td>3892</td>
<td>E0752</td>
<td>C1778</td>
</tr>
<tr>
<td>Pisces-Quad® lead kit</td>
<td>3487A</td>
<td>E0752</td>
<td>C1778</td>
</tr>
<tr>
<td>Pisces-Quad® compact lead kit</td>
<td>3887</td>
<td>E0752</td>
<td>C1778</td>
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<tr>
<td>Pisces-Quad® Plus lead kit</td>
<td>3888</td>
<td>E0752</td>
<td>C1778</td>
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<tr>
<td>Pisces-Octad® lead kit</td>
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<td>E0752</td>
<td>C1778</td>
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<tr>
<td>Specify™ lead kit (CPT codes for a laminectomy are classified as inpatient only)</td>
<td>3998</td>
<td>E0752</td>
<td>C1778</td>
</tr>
<tr>
<td>Resume II® lead kit</td>
<td>3587A</td>
<td>E0752</td>
<td>C1778</td>
</tr>
<tr>
<td>Resume® TL lead kit</td>
<td>3866A</td>
<td>E0752</td>
<td>C1778</td>
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<tr>
<td>SymMix® lead kit</td>
<td>3862A</td>
<td>E0752</td>
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<tr>
<td>On-Point® peripheral nerve stimulation lead kit</td>
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<td>C1778</td>
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## Activa Therapy
### Parkinson’s Disease, Tremor

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code¹</th>
<th>Hospital Outpatient Category C-Codes²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinetra® neurostimulator and extension</td>
<td>7428 7482</td>
<td>E0756</td>
<td>C1767 C1883</td>
</tr>
<tr>
<td>Soletra® neurostimulator and extension</td>
<td>7426 7482</td>
<td>E0756</td>
<td>C1767 C1883</td>
</tr>
<tr>
<td>DBS™ lead kit (1.5 mm spaces) DBS™ lead kit (0.5 mm spaces)</td>
<td>3387-40 3389-40</td>
<td>E0752 Not applicable (CPT code for DBS™ lead implantation is classified as inpatient only)</td>
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<tr>
<td>Access® Therapy Controller</td>
<td>7436</td>
<td>E0754</td>
<td>C1787</td>
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<tr>
<td>Access Review® Therapy Controller</td>
<td>7438</td>
<td>E0754</td>
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# Drug Delivery Therapies

*Chronic pain, Cancer pain, and Intrathecal Baclofen Therapy*

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code</th>
<th>Hospital Outpatient Category C-Codes</th>
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<tbody>
<tr>
<td>SynchroMed® EL infusion pump Programmable, 18mL. reservoir</td>
<td>862618</td>
<td>E0783</td>
<td>C1772</td>
</tr>
<tr>
<td>SynchroMed® EL infusion pump Programmable, 18mL. reservoir, and suture loops</td>
<td>8626L18</td>
<td>E0783</td>
<td>C1772</td>
</tr>
<tr>
<td>SynchroMed® EL infusion pump Programmable, 10mL. reservoir</td>
<td>862610</td>
<td>E0783</td>
<td>C1772</td>
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<tr>
<td>SynchroMed® EL infusion pump Programmable, 10mL. reservoir, and suture loops</td>
<td>8626L10</td>
<td>E0783</td>
<td>C1772</td>
</tr>
<tr>
<td>SynchroMed® EL infusion pump, attached screened catheter access port Programmable, 18mL. reservoir</td>
<td>862718</td>
<td>E0783</td>
<td>C1772</td>
</tr>
<tr>
<td>SynchroMed® EL infusion pump, attached screened catheter access port Programmable, 18mL. reservoir, and suture loops</td>
<td>8627L18</td>
<td>E0783</td>
<td>C1772</td>
</tr>
<tr>
<td>SynchroMed® EL infusion pump, attached screened catheter access port Programmable, 10mL. reservoir</td>
<td>862710</td>
<td>E0783</td>
<td>C1772</td>
</tr>
<tr>
<td>SynchroMed® EL infusion pump w/ filter and attached screened catheter access port Programmable, 10mL. reservoir, and suture loops</td>
<td>8627L10</td>
<td>E0783</td>
<td>C1772</td>
</tr>
<tr>
<td>SynchroMed II infusion pump with filter Programmable, provided with mesh pouch, 20 ml Reservoir</td>
<td>863720</td>
<td>E0783</td>
<td>C1772</td>
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<tr>
<td>SynchroMed II infusion pump with filter Programmable, provided with mesh pouch, 40 ml Reservoir</td>
<td>863740</td>
<td>E0783</td>
<td>C1772</td>
</tr>
<tr>
<td>IsoMed® infusion pump, non-programmable</td>
<td>8472-20 8472-35 8472-60</td>
<td>E0782</td>
<td>C1891</td>
</tr>
<tr>
<td>InDura® IP intrathecal catheter</td>
<td>8709</td>
<td>E0785 (Replacement catheter only)</td>
<td>C1755</td>
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<td>8731 intrathecal catheter</td>
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<td>E0785(Replacement catheter only)</td>
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<td>8749 intrathecal catheter</td>
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<td>E0785(Replacement catheter only)</td>
<td>C1755</td>
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<tr>
<td>Algoline® intraspinal catheter</td>
<td>81102, 81192</td>
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## Drug Name

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Level II National HCPCS code&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Hospital Outpatient Category C-Codes&lt;sup&gt;2&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>Morphine Sulfate preservative-free, per 10mg</td>
<td>N/A</td>
<td>J2275</td>
<td>N/A</td>
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<tr>
<td>Floxuridine, per 500mg</td>
<td>N/A</td>
<td>J9200</td>
<td>N/A</td>
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<tr>
<td>Lioresal® Intrathecal (baclofen injection) Screening ampule (50mcg)</td>
<td>8563s</td>
<td>J0476</td>
<td>C9007</td>
</tr>
<tr>
<td>Lioresal® Intrathecal Refill Kit, one ampule of 10mg/20mL (500mcg/mL)</td>
<td>8561</td>
<td>J0475</td>
<td>C9008</td>
</tr>
<tr>
<td>Lioresal® Intrathecal Refill Kit, two ampules of 10mg/5mL (2,000 mcg/mL)</td>
<td>8562</td>
<td>J0475</td>
<td>C9009</td>
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<tr>
<td>Lioresal® Intrathecal Refill Kit, one ampule of 40mg/20mL (2,000mcg/mL)</td>
<td>8564</td>
<td>J0475</td>
<td>C9009</td>
</tr>
<tr>
<td>Lioresal® Intrathecal Refill Kit, two ampules of 20mg/40ml (500mcg/mL)</td>
<td>8565</td>
<td>J0475</td>
<td>C9008</td>
</tr>
<tr>
<td>Lioresal® Intrathecal Refill Kit, two ampules of 80mg/40ml (2,000mcg/mL)</td>
<td>8566</td>
<td>J0475</td>
<td>C9009</td>
</tr>
</tbody>
</table>

### Footnotes:


Lioresal a registered trademark of Novartis Pharmaceuticals Corporation. Please read the attached Lioresal Intrathecal (baclofen injection) disclosure.

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**Medtronic**

Neurological Reimbursement Assistance for:

**Pain, ITB<sup>™</sup> and Activa<sup>®</sup> Therapies**

(800) 292-2903

8:00 am – 5:00 pm Central Time – Monday through Friday

or, [codinghelp@prgweb.com](mailto:codinghelp@prgweb.com)

Note: This information is not intended to make recommendations regarding clinical practice. It is the responsibility of the provider/facility to determine appropriate coding and to understand and follow local carrier/payer coverage and coding policies.
Medtronic® SynchroMed® and IsoMed® Infusion Systems

Product technical manual and the appropriate drug labeling must be reviewed for detailed disclosure prior to use.

**Indications:** Chronic intrathecal infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain and chronic intravascular infusion of floxuridine (FUDR) for the treatment of primary or metastatic cancer.

SynchroMed is also indicated for chronic intrathecal infusion of Lioresal® Intrathecal (baclofen injection) for severe spasticity, chronic epidural infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, chronic intravascular infusion of doxorubicin, cisplatin, or methotrexate for the treatment of primary or metastatic cancer, and chronic intravenous infusion of clindamycin for the treatment of osteomyelitis.

**Contraindications:** When infection is present; when the pump cannot be implanted within 2.5 cm (1 inch) from the surface of the skin; when body size is not sufficient to accept pump bulk and weight; when contraindications exist related to the drug. Blood sampling through the side catheter access port is contraindicated.

**Warnings:** Use only with approved drugs. Improper use, calculation or programming errors, or component failure may result in loss of therapeutic effect, or clinically significant or fatal drug overdose or underdose symptoms. Clinically significant or fatal drug overdose may result from overpressurization of the pump reservoir, overheating of the pump during implant preparation or as a result of diathermy, improper pump preparation, improper injection of drug through the catheter access port or into the pump pocket, or failure to account for significant amounts of drug residing in the reservoir, pump tubing, catheter access port, or catheter. The effects of mixing drugs are unknown. Flow rate of the IsoMed pump may decrease or stop if drug precipitation occurs. An inflammatory mass that can result in serious neurological impairment, including paralysis, can occur at the tip of the implanted catheter. Patients on intraspinal opioid therapy should be monitored carefully at each visit for any new or changed neurological signs or symptoms. Timely treatment may minimize or avert permanent neurological injury. The effects of implanting the SynchroMed pump in patients with other implanted programmable devices are unknown. Do not use if sterility has been compromised or if the use by date has expired. Do not resterilize or reuse.

**Precautions:** Only qualified personnel should implant, fill and refill the pumps; access the catheter access ports; or program the SynchroMed pump. Follow recommended procedures. Maintain strict aseptic techniques during all procedures to prevent infection. The catheter access port does not contain a bacterial filter. Consider use of peri- and postoperative antibiotics for pump implantation and any subsequent surgical procedures. Use caution in selecting an anatomical pump site appropriate to the size and mass of the patient. Initial fill and refill volumes must not exceed levels specified in the technical manuals. Do not allow pump to stop or run dry; if therapy is discontinued, maintain minimal flow of appropriate fluid. Do not expose pumps to temperatures above 43 degrees C (110 degrees F) or below 5 degrees C (40 degrees F). Avoid exposing pump to diathermy, therapeutic radiation, lithotripsy or pressure extremes. Do not implant a pump that has been dropped onto a hard surface or shows signs of damage. Follow manufacturer’s instructions regarding drug preparation, dosage, and administration. FUDR should be used with added caution in patients with impaired hepatic or renal function. Systemic therapy should be considered for patients with known disease extending beyond an area capable of infusion. IsoMed pump flow rate will vary depending on factors such as body temperature, altitude, arterial pressure at the catheter tip, and solution viscosity. Advise patients of symptoms to report, activities to avoid, and the importance of keeping refill appointments.

**Magnetic Resonance Imaging (MRI):** MRI will temporarily stop the SynchroMed pump motor and suspend drug infusion for the duration of MRI exposure. The SynchroMed pump should resume normal operation upon termination of MRI exposure. Exposure of IsoMed pumps to MRI fields of 1.5 T (Tesla) has demonstrated no impact to pump performance and a limited effect on the quality of the diagnostic information. During an MRI scan, the patient may experience heating or peripheral nerve stimulation at or near the pump implant site. In the unlikely event that this happens, the MRI scan parameters should be adjusted to reduce Specific Absorption Rate (SAR) for heating or dB/dt for nerve stimulation or both. Upon completion of an MRI scan, the SynchroMed pump parameters should be confirmed using a Medtronic clinician programmer. SynchroMed pump performance has not been established in >2.0 T (Tesla) MR scanners nor has IsoMed pump performance been established in >1.5 T (Tesla) MR scanners – it is not recommended that patients have MRI scans using these scanners.

**Adverse Events:** Include, but not limited to, clinically significant or fatal drug overdose or underdose, cessation or change in therapy, or a return of underlying symptoms due to an empty reservoir, component failure, misuse, misprogramming or miscommunication, or SynchroMed battery depletion; seroma/hematoma, infection, inflammation, tissue erosion, or pain at implant site; complete or partial catheter occlusion, kinking, breakage, leakage or disconnection; catheter dislodgment or migration; CSF leak/accumulation, internal/GI bleeding; arachnoiditis; radiculitis; meningitis; spinal headache; inflammatory mass; perforation of internal organs; drug toxicity and related side effects; and procedural complications.

Rx Only
# Bravo™ pH Monitoring System

**Gastroenterology**

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code</th>
<th>Hospital Outpatient Category C-Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bravo pH Capsule with Delivery System (box of 5)</td>
<td>9012B1011</td>
<td>E1399</td>
<td>C9712</td>
</tr>
</tbody>
</table>

**Bravo pH Monitoring System**  
Note: Reference product directions for use including indications, contraindications, warnings and precautions.  
Caution: Federal Law (USA) restricts this device to sale by or on the order of a physician.

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# InterStim® Therapy

**Urology**

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code</th>
<th>Hospital Outpatient Category C-Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>InterStim Test Kit (sacral nerve stimulation)</td>
<td>3065USC TL22</td>
<td>A4290</td>
<td>C1897</td>
</tr>
<tr>
<td>InterStim Neurostimulator</td>
<td>3023</td>
<td>E0756</td>
<td>C1767</td>
</tr>
<tr>
<td>InterStim Patient Programmer</td>
<td>3031A</td>
<td>E0754</td>
<td>C1787</td>
</tr>
<tr>
<td>Lead Introducer</td>
<td>355018</td>
<td>E1399</td>
<td>C1894</td>
</tr>
<tr>
<td>All Extensions</td>
<td>309510</td>
<td>E1399</td>
<td>C1883</td>
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<td>309525</td>
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<td></td>
<td>309551</td>
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<tr>
<td>InterStim Leads</td>
<td>3889</td>
<td>E0752</td>
<td>C1778</td>
</tr>
<tr>
<td></td>
<td>3093</td>
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<td></td>
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</tbody>
</table>

**InterStim Therapy for Urinary Control:** Product technical manual must be reviewed prior to use for detailed disclosure.  
**Indications:**  
InterStim Therapy for Urinary Control is indicated for the treatment of urinary retention and the symptoms of overactive bladder, including urinary urge incontinence and significant symptoms of urgency-frequency alone or in combination, in patients who have failed or could not tolerate more conservative treatments.  
**Contraindications:**  
Patients are contraindicated for implant of the InterStim System if they have not demonstrated an appropriate response to test stimulation or are unable to operate the neurostimulator. Also, diathermy (e.g., shortwave diathermy, microwave diathermy or therapeutic ultrasound diathermy) is contraindicated because diathermy’s energy can be transferred through the implanted system (or any of the separate implanted components), which can cause tissue damage and can result in severe injury or death. Diathermy can damage parts of the neurostimulation system.  
**Precaution/Adverse Events:**  
Warning: This therapy is not intended for patients with mechanical obstruction such as benign prostatic hypertrophy, cancer, or urethral stricture.  
Safety and effectiveness have not been established for: bilateral stimulation, patients with neurological disease origins such as multiple sclerosis, pregnancy and delivery, or for pediatric use under the age of 16. System may be affected by or adversely affect cardiac pacemakers or therapies, cardioverter defibrillators, electrocautery, external defibrillators, ultrasonic equipment, radiation therapy, magnetic resonance imaging (MRI), theft detectors and screening devices. Adverse events related to the therapy, device, or procedure can include pain at the implant sites, lead migration, infection or skin irritation, technical or device problems, transient electric shock, adverse change in bowel or voiding function, numbness, nerve injury, seroma at the neurostimulator site, change in menstrual cycle, and undesirable stimulation or sensations.  
CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician.

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**Medtronic Reimbursement Assistance for:**  
**Gastroenterology and Urology Therapies**  
(877) 940-2327 x49705 or x49706  
8:00 am – 5:00 pm Central Time - Monday through Friday

Note: This information is not intended to make recommendations regarding clinical practice. It is the responsibility of the provider/facility to determine appropriate coding and to understand and follow local carrier/payer coverage and coding policies.
<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code(^1)</th>
<th>Hospital Outpatient Category C-Codes(^2)</th>
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<tbody>
<tr>
<td>S660D2509W OTW coronary stent</td>
<td>S660D2509W</td>
<td>NA</td>
<td>C1876</td>
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<tr>
<td>S660D2512W OTW coronary stent</td>
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<td>C1876</td>
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<td>S660 2075mm x 9mm OTW coronary stent</td>
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<td>S660 2.75mm x 18mm OTW coronary stent</td>
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<tr>
<td>S660 2.75mm x 24mm OTW coronary stent</td>
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<tr>
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<td>S627512ZP</td>
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<tr>
<td>2.75 x 18mm S660 Zipper Mx coronary stent system</td>
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<td>3.00mm x 09mm Driver OTW</td>
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**Pioneer Catheter**  
Catheter, intravascular ultrasound

*Vascular Temporary Occlusion and Aspiration Systems*

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<th>Medtronic Model No.</th>
<th>Level II National HCPCS code&lt;sup&gt;1&lt;/sup&gt;</th>
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The Pioneer catheter is a unique breakthrough for subintimal entrapment, allowing controlled and precise return to the true lumen within the peripheral vasculature. The tip of the catheter features a fully integrated 64-element phased array IVUS transducer enabling controlled targeting of a 24-gauge needle. The device allows you to choose an optimal needle depth, up to 7 mm, for controlled delivery of a 0.014-inch guidewire into the true lumen, distal to the lesion.

**Embolic Protection**  
Embolization protective system

*Vascular Temporary Occlusion and Aspiration Systems*

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C1884* - eligible for pass-through payment under the Medicare hospital OPPS.

**GUARDWIRE® Temporary Occlusion and Aspiration System**  
Distal Protection Devices  
Occlusion & Aspiration Systems

Distal protection is provided by occluding the vessel to prevent particulate debris migrating distally into the myocardium, and aspirating the debris before restoring blood flow. This simple solution has been clinically proven to reduce cumulative MACE events by 42 percent at 30-day follow-up in SVG interventions (SAFER Trial, Circulation, May 2002). The GuardWire system consists of an ultra-low profile protection balloon (0.028” or 0.036”) mounted on a standard 0.014” guidewire, and the Export® Aspiration Catheter (0.070” 6F guide compatible). The GuardWire system can protect vessels from 2.5-6mm in 0.5mm increments, and the GuardWire lengths are 200 and 300 cm to support monorail and over-the-wire therapy catheters.
## PTCA Balloon Catheters

Catheter, transluminal angioplasty, non-laser
(may include guidance, infusion/perfusion capability)

*Vascular Temporary Occlusion and Aspiration Systems*

<table>
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### Guide Wires
**Guide Wire**

*Vascular Temporary Occlusion and Aspiration Systems*

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### Introducers / Sheaths
*Introducer/sheath, other than guiding, other than electrophysiological, non-laser*  

*Vascular Temporary Occlusion and Aspiration Systems*

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**Reimbursement Assistance for:**  
Vascular Therapies  
(707) 591-2216  Alex Au-Yeung  
8:00 am – 5:00 pm Pacific Time - Monday through Friday

**Note:** This information is not intended to make recommendations regarding clinical practice. It is the responsibility of the provider/facility to determine appropriate coding and to understand and follow local carrier/payer coverage and coding policies.
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<td>Preva® DR</td>
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## Cardiac Rhythm Management Therapies
### Pacemaker, Single Chamber, Rate-Responsive (Implantable)

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<tr>
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<th>Medtronic Model No.</th>
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<td>Vitatron C-Series</td>
<td>C20SR</td>
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<td>Sigma® 300 SR</td>
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<td>Sigma® 200 SR</td>
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<td>Thera™ SR</td>
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### Cardiac Rhythm Management Therapies

#### Pacemaker, Dual Chamber, Non Rate-Responsive

**(Implantable)**

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<td>EnPulse™ D</td>
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<td>Ruby™ 3 D</td>
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<td>Ruby™ II DDD</td>
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<td>KVDD 901</td>
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<td>Kappa® 700 VDD</td>
<td>KVDD 700, KVDD 701</td>
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### Cardiac Rhythm Management Therapies

#### Pacemaker, Single Chamber, Non Rate-Responsive

**(Implantable)**

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<th>Medtronic Model No.</th>
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<td>Jade® II SSI</td>
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### Cardiac Rhythm Management Therapies

#### Pacemaker, Other Than Single or Dual Chamber (Implantable)

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<td>InSync®</td>
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### Cardiac Rhythm Management Therapies

#### Lead, Cardioverter Defibrillator, Endocardial Single Coil (Implantable)

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<th>Level II National HCPCS code</th>
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<tr>
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<tr>
<td>Fidelis™</td>
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### Cardiac Rhythm Management Therapies

#### Lead, Pacemaker, Transvenous VDD Single Pass

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<tbody>
<tr>
<td>CapSure® VDD</td>
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### Cardiac Rhythm Management Therapies

#### Lead, Cardioverter Defibrillator, Endocardial Dual Coil (Implantable)

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<td>Sprint Quattro®</td>
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### Cardiac Rhythm Management Therapies

#### Lead, Left Ventricular Coronary Venous System

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<td>Attain® LV</td>
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<td>Attain® CS/CV</td>
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### Cardiac Rhythm Management Therapies
**Lead, Cardioverter Defibrillator, Other Than Endocardial Single or Dual Coil (Implantable)**

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### Cardiac Rhythm Management Therapies
**Lead, Pacemaker, Other Than Transvenous VDD Single Pass**

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<td>CapSure® Z Novus</td>
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<td><strong>Event Recorder, Cardiac (Implantable)</strong></td>
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# Cardiac Rhythm Management Therapies

_Catheter, Electrophysiology, Diagnostic/Ablation, Other Than 3D or Vector Mapping, Other Than Cool Tip_

<table>
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<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code¹</th>
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<td>5F RF Marinr®</td>
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### Cardiac Rhythm Management Therapies

**Catheter, Guiding (may include infusion/perfusion capability)**

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<td>Attain™ LDS Guide Catheter</td>
<td>Item is a component of the Attain™ LDS Models 6216 and 6216A</td>
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<td>Attain™ Access Guide Catheter</td>
<td>Item is a component of the Attain™ Access Models 6218 and 6218A</td>
<td></td>
<td>C1887</td>
</tr>
<tr>
<td>9210 Guide Catheter</td>
<td>9210</td>
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</tbody>
</table>

### Cardiac Rhythm Management Therapies

**Introducer/Sheath, Guiding, Intracardiac Electrophysiological, Fixed Curve, Peel-Away**

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code¹</th>
<th>Hospital Outpatient Category C-Codes²</th>
</tr>
</thead>
<tbody>
<tr>
<td>SelectSite™</td>
<td>C304-S59, C304-L69</td>
<td></td>
<td>C1892</td>
</tr>
<tr>
<td>SafeSheath® MultiSite (MSP)</td>
<td>CSG/MSP-00-09</td>
<td></td>
<td>C1892</td>
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<tr>
<td>SafeSheath® Worley</td>
<td>CSF/Worley-109M</td>
<td></td>
<td>C1892</td>
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<tr>
<td>SafeSheath® Attain Sealing Adaptor Standard Wing</td>
<td>SS-SA-09MM</td>
<td></td>
<td>C1892</td>
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<tr>
<td>SafeSheath® Attain Sealing Adaptor Extended Wing</td>
<td>SS-SA-EW-09MM</td>
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<td>C1892</td>
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</table>

### Cardiac Rhythm Management Therapies

**Introducer/Sheath, Guiding, Intracardiac Electrophysiological, Fixed Curve, Other Than Peel-Away**

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code¹</th>
<th>Hospital Outpatient Category C-Codes²</th>
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<tbody>
<tr>
<td>Mullins™</td>
<td>008591, 008552, 008532, 008530</td>
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<td>C1893</td>
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</table>
### Cardiac Rhythm Management Therapies

**Introducer/Sheath, Other Than Guiding, Intracardiac Electrophysiological, Non-Laser**

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Hospital Outpatient Category C-Codes&lt;sup&gt;2&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>Attain™ LDS Introducer</td>
<td>Item is a component of the Attain™ LDS Model 6216</td>
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<tr>
<td>Introducer</td>
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### Cardiac Rhythm Management Therapies

**Guide Wire**

<table>
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<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Hospital Outpatient Category C-Codes&lt;sup&gt;2&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>Attain™ LDS Guide Wire</td>
<td>Item is a component of the Attain™ LDS Catheter Models 6216 and 6216A</td>
<td></td>
<td>C1769</td>
</tr>
<tr>
<td>Attain™ Access</td>
<td>Item is a component of the Guide Catheter Attain™ Access Models 6218 and 6218A</td>
<td></td>
<td>C1769</td>
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</table>
Cardiac Rhythm Management Therapies
Adaptor/Extension, Pacing Lead (Implantable)

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code¹</th>
<th>Hospital Outpatient Category C-Codes²</th>
</tr>
</thead>
</table>

See the appropriate technical manual for detailed information regarding indications, contraindications, warnings, and precautions.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.

Reimbursement Assistance for:
Cardiac Rhythm Management Therapies
(800) 328-2518 x48892 Sara Mattson
8:00 am – 5:00 pm Central Time - Monday through Friday

Note: This information is not intended to make recommendations regarding clinical practice. It is the responsibility of the provider/facility to determine appropriate coding and to understand and follow local carrier/payer coverage and coding policies.
### Medtronic Product Brand Name and Description

<table>
<thead>
<tr>
<th>Medtronic Product Brand Name and Description</th>
<th>Medtronic Model No.</th>
<th>Level II National HCPCS code(^1)</th>
<th>Hospital Outpatient Category C-Codes(^2)</th>
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</thead>
<tbody>
<tr>
<td>EpiDisc™ Otologic Lamina</td>
<td>14-17100</td>
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<tr>
<td>Epifilm® Otologic Lamina</td>
<td>14-17000</td>
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<tr>
<td>MeroGel® Otologic Packing</td>
<td>15-17100</td>
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<td>C1763</td>
</tr>
<tr>
<td>MeroGel® Nasal &amp; Sinus Packing</td>
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<tr>
<td>MeroGel® Nasal &amp; Sinus Packing, Double Pack</td>
<td>15-17002</td>
<td></td>
<td>C1763</td>
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<tr>
<td>Netterville PhonoForm® Silicone Block, Right</td>
<td>70-40100</td>
<td></td>
<td>C1878</td>
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<tr>
<td>Netterville PhonoForm® Silicone Block, Left</td>
<td>70-40200</td>
<td></td>
<td>C1878</td>
</tr>
<tr>
<td>Netterville PhonoForm® Silicone Block, Wedge</td>
<td>70-40300</td>
<td></td>
<td>C1878</td>
</tr>
<tr>
<td>GORE Thyroplasty Device .75cm x 40cm</td>
<td>1MDT201</td>
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<tr>
<td>GORE Thyroplasty Device .40cm x 20cm</td>
<td>1MDT202</td>
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<td>GORE Thyroplasty Device .60cm x 20cm</td>
<td>1MDT203</td>
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<td>C1878</td>
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</tbody>
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**Medtronic**

**Reimbursement Assistance for:**

Xomed Therapies

(800) 874-5797  Kim Brew

8:00 am – 5:00 pm Eastern Time - Monday through Friday

**Note:** This information is not intended to make recommendations regarding clinical practice. It is the responsibility of the provider/facility to determine appropriate coding and to understand and follow local carrier/payer coverage and coding policies.