HCPCS CODES FOR CERENOVUS PRODUCTS

Medicare uses C-codes to track device cost information for future APC rate-setting purposes. No additional payment will be provided to the facility. All appropriate C-codes should be added to the hospital's chargemaster to report device costs used in the outpatient setting*. CMS will return a hospital claim if the appropriate tracking code is not identified on the claim when a device-dependent procedure is performed.

***Note:** The majority of CERENOVUS products are used in the inpatient hospital setting where C-codes are not required for billing. However, hospitals may also use C-codes to track costs and resources used in their facility during surgical procedures.

CERENOVUS PRODUCT	HCPCS CODE	DESCRIPTION
EMBOTRAP® III Revascularization Device	**C1757**	Catheter, thrombectomy/embelectomy
CERENOVUS Large Bore Catheter		
CERENOVUS EMBOGUARD™ Balloon Guide Catheter	**C2628**	Balloon Catheter, occlusion
CEREBASE™ DA Guide Sheath	**C1894**	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser
PROWLER EX®, Prowler® Select	**C1887**	Catheter, guiding (may include infusion/perfusion capability)
ENTERPRISE® 2 Vascular Reconstruction Device	**C1874**	Stent, coated/covered, with delivery system
GALAXY G3™ Microcoil, GALAXY G3™ MINI Microcoil, GALAXY G3™ XSFT Microcoil	**No C-Code Applies**	
MICRUSFRAME® S Microcoil		
PULSERIDER® Aneurysm Neck Reconstruction Device		
TRUFILL® n-BCA Liquid Embolic System		

For additional questions or information, please contact: CERENOVUS Reimbursement Support Services
ph: 800-609-1108 email: cerenovusreimbursementsupport@its.jnj.com

DISCLAIMER

All information supplied in this guide is for informational purposes only. It is intended to assist in the coding and reimbursement process. It represents no statement of guarantee by the Company. The final decision for the coding of any procedure must be made by the provider of care after considering the medical necessity of the services and supplies provided as well as considering any local, state and federal laws that may apply. All coding and reimbursement information is subject to change without notice, and specific payers may have their own coding and reimbursement requirements and policies. Please contact your local payer for interpretation of the appropriate codes to use for specific purposes.

ENTERPRISE® 2 Vascular Reconstruction Device: Humanitarian Device: Authorized by Federal Law for use with embolic coils for the treatment of wide-neck, intracranial, saccular or fusiform aneurysms arising from a parent vessel with a diameter of ≥2.5 mm and ≤4 mm. Wide-neck is defined as having a neck width ≥4 mm or a dome-to-neck ratio <2. The effectiveness of this device for this use has not been demonstrated.
PulseRider® Aneurysm Neck Reconstruction Device: Humanitarian Device. Authorized by Federal law for use with neurovascular embolic coils in patients ≥ 18 years of age for the treatment of unruptured wide-necked intracranial aneurysms with neck widths ≥ 4 mm or a dome to neck ratio < 2 originating on or near a vessel bifurcation of the basilar tip or carotid terminus with at least a portion of the aneurysm neck overlapping the lumen of the parent artery. The inflow vessels should have diameters from 2.7 mm to 4.5 mm. The effectiveness of this device for this use has not been demonstrated.

Caution: Federal law restricts this device to sale by or on the order of a physician.