



HCPCS CODES APPLICABLE TO ACCLARENT PRODUCTS

This guide has been developed to assist you in obtaining hospital reimbursement for Acclarent products used in the hospital outpatient setting. 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 charge master to report device costs used in the outpatient setting. CMS will reject a hospital claim if the appropriate tracking code is not identified on the claim when a device-dependent procedure is performed. The following table lists relevant device C-codes that may apply to Acclarent products:


RELIEVA SPINPLUS® BALLOON SINUPLASTY SYSTEM

	CATALOG NUMBER	PRODUCT / SINUS / SIZE	C-CODE(S)
	RSPO516MFS	Balloon / Maxillary / Frontal / Sphenoid / 5x16mm	C1726, C1887, C1769
	RSPO616MFS	Balloon / Maxillary / Frontal / Sphenoid / 6x16mm	C1726, C1887, C1769

RELIEVA ULTIRRA® SINUS BALLOON CATHETER

	CATALOG NUMBER	BALLOON DIAMETER/LENGTH	C-CODE(S)
	BC0516RU	5mm / 16mm	C1726, C1729
	BC0616RU	6mm / 16mm	C1726, C1729
	BC0716RU	7mm / 16mm	C1726, C1729
	BC0724RU	7mm / 24mm	C1726, C1729

RELIEVA FLEX® SINUS GUIDE CATHETER

	CATALOG NUMBER	TIP SHAPE	C-CODE(S)
	GC000RF	S-0	C1887
	GC070CRF	F-70C	C1887
	GC090RF	M-90	C1887
	GC110RF	M-110	C1887


RELIEVA SIDEKICK® LOW PROFILE SINUS GUIDE CATHETER HANDLE

	CATALOG NUMBER	COMPATIBILITY	C-CODE
	SDKKLP	Relieva Flex Sinus Guide Catheters	No C-Code Applies


RELIEVA SCOUT® MULTI-SINUS DILATION SYSTEM

	CATALOG NUMBER	PRODUCT / SINUS / SIZE	C-CODE
	SCT0624MFS	Balloon / Maxillary / Frontal / Sphenoid / 6x24mm	C1726, C1887, C1769

RELIEVA LUMA SENTRY® SINUS ILLUMINATION SYSTEM AND ACCESSORIES


	CATALOG NUMBER	PRODUCT DESCRIPTION	C-CODE(S)
	SIS100B	Relieva Luma Sentry™ Sinus Illumination System	C1769
	SISLGC208	Relieva Luma® Light Guide Cable 2	No C-Code Applies
	SISLGAACMI	ACMI / Stryker Adapter	No C-Code Applies
	SISLGAOLYMP	Olympus Adapter	No C-Code Applies
	SISLGCATORZ	Storz Adapter	No C-Code Applies
	SISLGAWOLF	Wolf / Dyonics Adapter	No C-Code Applies

ACCLARENT AERA® EUSTACHIAN TUBE BALLOON DILATION SYSTEM








	CATALOG NUMBER	BALLOON DIAMETER / LENGTH	C-CODE
	EU061655	6mm/16mm	C1726,C1769

Healthcare Common Procedure Coding System (HCPCS), Level II, 2017, Centers for Medicare and Medicaid Services.


RELIEVA CIRCA® ETHMOID PUNCH

	CATALOG NUMBER	APPLICATION	C-CODE
	EP01	Designed to excise bone and soft tissue from the ethmoid sinus in the office and OR	No C-Code Applies


INSPIRA AIR® BALLOON DILATION SYSTEM

	CATALOG NUMBER	BALLOON DIAMETER / LENGTH	C-CODE
	BC0524A	5 mm / 24 mm	C1726
	BC0724A	7 mm / 24 mm	C1726
	BC8524A	8.5 mm / 24 mm	C1726
	BC1040A	10 mm / 40 mm	C1726
	BC1240A	12 mm / 40 mm	C1726
	BC1440A	14 mm / 40 mm	C1726
	BC1640A	16 mm / 40 mm	C1726


ACCLARENT® BALLOON INFLATION DEVICE

	CATALOG NUMBER	APPLICATION	C-CODE
	BID30	Balloon Catheter Inflation	No C-Code Applies


ACCLARENT® SE INFLATION DEVICE

	CATALOG NUMBER	APPLICATION	C-CODE
	SEID	Balloon Catheter Inflation	No C-Code Applies


ACCLARENT® NAVWIRE™ SINUS NAVIGATION GUIDEWIRE

	CATALOG NUMBER	COMPATIBILITY	C-CODE
	GW35150NZ	ACCLARENT® ENT Navigation System	C1769

RELIEVA ULTIRRA® NAV SINUS BALLOON CATHETER

	CATALOG NUMBER	BALLOON DIAMETER / LENGTH	C-CODE
	BC0516RUN	5mm / 16mm	C1726, C1729

RELIEVA® SPINPLUS NAV BALLOON SINUPLASTY SYSTEM

	CATALOG NUMBER	BALLOON DIAMETER / LENGTH	C-CODE
	RSP0516MFSN	5mm / 16mm	C1726, C1887, C1769
	RSP0616MFSN	6mm / 16mm	C1726, C1887, C1769

NOTE

GW35150NZB - ACCLARENT® UltirraNav/NAVWIRE™ 3-Sinus Case Bundle

Includes: (a) ACCLARENT® NAVWIRE™ Sinus Navigation Guidewire, (b) RELIEVA ULTIRRA® NAV 5mm Sinus Balloon Catheter, (c) RELIEVA FLEX® Sinus Guide Catheters (S-0, F-70, M-1 10), (d) RELIEVA SIDEKICK® Low Profile Sinus Guide Catheter Handle, and (e) ACCLARENT® SEID Inflation Device

DISCLAIMER

The information contained in this guide is provided to assist you in understanding the reimbursement process. It is intended to assist providers in accurately obtaining reimbursement for health care services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies. The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Acclarent concerning levels of reimbursement, payment or charge. Similarly, all CPT & HCPCS codes are supplied for information purposes only and represent no statement, promise or guarantee by Acclarent that these codes will be appropriate or that reimbursement will be made.

FOR ADDITIONAL QUESTIONS OR INFORMATION CONTACT:

Acclarent.reimbursement@milestonecro.com

877.340.6466