

# OHNS Products

## 2022 HOSPITAL OUTPATIENT C-CODE GUIDE

Order Number	Reference Part Number	Product Description	C-Code(s)
G27322	DCHN-23-5.0-U	Chiba Echotip® Biopsy Needle, 23 gauge	No Appropriate Code
G12816	DCHN-25-5.0-U	Chiba Echotip® Biopsy Needle, 25 gauge	No Appropriate Code
G34903	CID-60-15	Cook Sphere® Inflation Device	No Appropriate Code
G57611	EV-4000	Elevo® Snoring Intervention Set	No Appropriate Code
G35267	HBDE-W-8-9-10	Hercules® 100 Transnasal Esophageal Balloon, 8-9-10 mm	C1726
G35268	HBDE-W-10-11-12	Hercules® 100 Transnasal Esophageal Balloon, 10-11-12 mm	C1726
G35269	HBDE-W12-13.5-15	Hercules® 100 Transnasal Esophageal Balloon, 12-13.5-15 mm	C1726
G35270	HBDE-W-15-16.5-18	Hercules® 100 Transnasal Esophageal Balloon, 15-16.5-18 mm	C1726
G35271	HBDE-W-18-19-20	Hercules® 100 Transnasal Esophageal Balloon, 18-19-20 mm	C1726
G51799	HBD-W-8-9-10	Hercules® 3 Stage Wire Guided Balloon, 8-9-10 mm	C1726
G51795	HBD-W-10-11-12	Hercules® 3 Stage Wire Guided Balloon, 10-11-12 mm	C1726
G51796	HBD-W-12-13.5-15	Hercules® 3 Stage Wire Guided Balloon, 12-13.5-15 mm	C1726
G51797	HBD-W-15-16.5-18	Hercules® 3 Stage Wire Guided Balloon, 15-16.5-18 mm	C1726
G51798	HBD-W-18-19-20	Hercules® 3 Stage Wire Guided Balloon, 18-19-20 mm	C1726
G34977	ENT-CBD-1X2	Biodesign® Duraplasty Graft, 1 x 2 cm	C1763
G34978	ENT-CBD-2.5X2.5	Biodesign® Duraplasty Graft, 2.5 x 2.5 cm	C1763
G34979	ENT-CBD-5X5	Biodesign® Duraplasty Graft, 5 x 5 cm	C1763
G34980	ENT-CBD-7X8.5	Biodesign® Duraplasty Graft, 7 x 8.5 cm	C1763
G32437	C-DUR-2X3	Biodesign® Dural Graft, 2 x 3 cm	C1763
G31090	C-DUR-4X7	Biodesign® Dural Graft, 4 x 7 cm	C1763
G31091	C-DUR-7X10	Biodesign® Dural Graft, 7 x 10 cm	C1763
G31092	C-DUR-7X20	Biodesign® Dural Graft, 7 x 20 cm	C1763
G35947	ENT-TRG-1X2	Biodesign® Sinonasal Repair Graft, 1 x 2 cm	C1763
G35948	ENT-TRG-2X3	Biodesign® Sinonasal Repair Graft, 2 x 3 cm	C1763
G35949	ENT-TRG-4X7	Biodesign® Sinonasal Repair Graft, 4 x 7 cm	C1763
G35950	ENT-TRG-7X10	Biodesign® Sinonasal Repair Graft, 7 x 10 cm	C1763
G35166	SDC-2.2-20	SialoCath™ Salivary Duct Catheter	No Appropriate Code
G24131	SDDS-18-20-HC	Salivary Access Dilator Set	No Appropriate Code
G23797	SSEB-1.5-115-10	NCircle® Tipless Salivary Stone Extractor	No Appropriate Code

continued



*Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.*

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G34991	SDBS-14-30-1.5-2	Advance® Salivary Duct Balloon Catheter Set, 1.5 mm	C1726, C1769
G34992	SDBS-14-30-2.0-2	Advance® Salivary Duct Balloon Catheter Set, 2.0 mm	C1726, C1769
G34993	SDBS-14-30-2.5-2	Advance® Salivary Duct Balloon Catheter Set, 2.5 mm	C1726, C1769
G34994	SDBS-14-30-3.0-2	Advance® Salivary Duct Balloon Catheter Set, 3.0 mm	C1726, C1769
G44451	ENT-OTO-2.5X2.5	Biodesign® Otologic Repair Graft, 2.5 x 2.5 cm	C1763
G44452	ENT-OTO-5X5	Biodesign® Otologic Repair Graft, 5.0 x 5.0 cm	C1763
G44840	ENT-OTO-0.4-0.6	Biodesign® Otologic Repair Graft, 0.4 cm and 0.6 cm	C1763
G44839	ENT-OTO-0.6-0.9	Biodesign® Otologic Repair Graft, 0.6 cm and 0.9 cm	C1763

If you have any questions, please contact our reimbursement team at  
**800.468.1379**  
or by e-mail at  
[reimbursement@cookmedical.com](mailto:reimbursement@cookmedical.com)



Disclaimer: The information provided herein reflects Cook's understanding of the procedure(s) and/or device(s) from sources that may include, but are not limited to, the CPT coding system; Medicare payment systems; commercially available coding guides; professional societies; and research conducted by independent coding and reimbursement consultants. This information should not be construed as authoritative. The entity billing Medicare and/or third party payers is solely responsible for the accuracy of the codes assigned to the services and items in the medical record. Cook does not, and should not, have access to medical records, and therefore cannot recommend codes for specific cases. When you are making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Cook does not promote the off-label use of its devices.