

Final

## Interprovincial Billing Special Implant/Device Add-on Costs - In-patient

### Effective for Interventions on or after April 1, 2024

For special implants/devices listed under the code 300 series: Where the total invoice cost of the implants/devices is under \$2,000, only the per diem is billable. Where the total invoice cost of the implants/devices is \$2,000 or greater, the invoice cost may be billed in addition to the associated in-patient per diem for the hospital and a copy of the supplier invoice must be provided to the home jurisdiction. If individual items inserted during the procedure (e.g. – implant, device, mesh, pins, screws etc.) cost less than \$500, supporting documentation (facility invoice or other) may be submitted in place of a supplier invoice. See the table at the end of this document for billing scenario examples.

<b>Service Code</b>	<b>Description</b>	<b>CCI Codes</b>
310	Cochlear implants	<ul style="list-style-type: none"><li>- 1.DM.53.LA-LK Implantation of internal device, cochlea of single channel cochlear implant</li><li>- 1.DM.53.LA-LL Implantation of internal device, cochlea of multi-channel cochlear implant</li></ul>

<p>311</p>	<p>Cardiac pacemakers and/or defibrillators (any type) ICD etc</p>	<p>Percutaneous transluminal [transvenous] approach or approach NOS:</p> <ul style="list-style-type: none"> <li>- 1.HZ.53.GR-NM single chamber rate responsive pacemaker</li> <li>- 1.HZ.53.GR-NK dual chamber rate responsive pacemaker</li> <li>- 1.HZ.53.GR-NL fixed rate pacemaker</li> <li>- 1.HZ.53.GR-FS cardioverter/defibrillator</li> <li>- 1.HZ.53.GR-FR cardiac resynchronization therapy pacemaker</li> <li>- 1.HZ.53.GR-FU cardiac resynchronization therapy defibrillator</li> </ul> <p>Percutaneous approach (to tunnel subcutaneously):</p> <ul style="list-style-type: none"> <li>-1.HZ.53.HN-FS Implantation of internal device, heart NEC cardioverter/defibrillator [AICD].</li> </ul> <p>Open (thoracotomy) approach:</p> <ul style="list-style-type: none"> <li>- 1.HZ.53.LA-NM single chamber rate responsive pacemaker</li> <li>- 1.HZ.53.LA-NK dual chamber rate responsive pacemaker</li> <li>- 1.HZ.53.LA-NL fixed rate pacemaker</li> <li>- 1.HZ.53.LA-FS cardioverter/defibrillator</li> <li>- 1.HZ.53.LA-FR cardiac resynchronization therapy pacemaker</li> <li>- 1.HZ.53.LA-FU cardiac resynchronization therapy defibrillator</li> </ul> <p>Open Subxiphoid approach:</p> <ul style="list-style-type: none"> <li>- 1.HZ.53.QA-NM single chamber rate responsive pacemaker</li> <li>- 1.HZ.53.QA-NK dual chamber rate responsive pacemaker</li> <li>- 1.HZ.53.QA-NL fixed rate pacemaker</li> </ul> <p>Combined open (thoracotomy) approach and percutaneous transluminal (transvenous) approach:</p> <ul style="list-style-type: none"> <li>- 1.HZ.53.SY-FS cardioverter/defibrillator</li> <li>- 1.HZ.53.SY-FR cardiac resynchronization therapy pacemaker</li> <li>- 1.HZ.53.SY-FU cardiac resynchronization therapy defibrillator</li> </ul>
------------	--	---

Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC)

Service Code	Description	CCI Codes
312	<p>Aortic valve (aka TAVI).                      Implantation of xenograft aortic valve replacement without excision of native valve, via transcatheter approach.</p>	<p>-1.HV.80.GQ-XX-L Repair, aortic valve percutaneous transluminal (transcatheter) arterial approach using xenograft tissue valve [e.g. bovine or porcine tissue]                      - 1.HV.80.GR-XX-L Repair, aortic valve percutaneous transluminal (transcatheter) (transseptal) venous approach using xenograft tissue valve [e.g. bovine or porcine tissue]                      -1.HV.80.ST-XX-L Repair, aortic valve closed heart technique (transapical) (transcatheter) using xenograft tissue valve [e.g. bovine or porcine tissue]                      Notes: The CIHI Classifications and Terminologies staff has advised Health Canada that the IHIACC approved service code 312 Aortic valve CCI codes are the most suitable to describe this procedure and confirm a Grade 1 match (best fit). The CCI classification is designed to categorise procedures for analysis and it is not always possible to identify a procedure uniquely.</p>

Service Code	Description	CCI Codes
313	<p>Ventricular assist device.</p> <p>VAD includes the mechanical pump (all forms: external, implanted or paracorporeal), implant kit, external controller with backup, main AC power source with patient cables, batteries, charger, DC adapter for car, monitor to communicate information regarding VAD function and to enable program setting changes to VAD controller, and necessary accessories including cannulae and circuits specific to the device, blood flow Doppler, water proof VAD shower bag, vests, battery holster and belts.</p>	<ul style="list-style-type: none"> <li>- 1.HP.53.GP-QP Implantation of internal device, ventricle, of ventricular assist pump using percutaneous transluminal approach [e.g. Impella]</li> <li>- 1.HP.53.LA-QP Implantation of internal device, ventricle, of ventricular assist pump using open approach [e.g. HeartMate, Novacor]</li> </ul> <p>The codes assigned include the following, in CCI:</p> <p>Insertion, biventricular assist device [BiVAD]                      Insertion, left ventricular assist device [LVAD]                      Insertion, right ventricular assist device [RVAD]                      Insertion, ventricular assist device [VAD] that for long-term therapy [e.g. destination therapy]                      that for short-term therapy [e.g. bridge-to-transplant or bridge-to-recovery therapy]                      The assigned codes do not include adjustment, repositioning or removal of VADs</p>
314	Abdominal aorta knitted grafts, stents	<ul style="list-style-type: none"> <li>- 1.KA.57.LA-XX-A Extraction, abdominal aorta using open approach and (widening) autograft</li> <li>- 1.KA.80.GQ-NR-N Repair, abdominal aorta using percutaneous transluminal (arterial) approach and (endovascular) stent graft</li> <li>- 1.KA.80.LA-XX-N Repair, abdominal aorta using open approach with synthetic material [e.g. Teflon felt, Dacron, Nylon, Orlon]</li> <li>- 1.KA.76.MZ-XX-N Knitted graft, Spiral-z iliac stent, reliant stent graft.</li> </ul>

Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC)

Service Code	Description	CCI Codes
315	Cranium screws, wires, mesh, plates used in release/repair	<ul style="list-style-type: none"> <li>- 1.EA.72.LA-NW Release, cranium open approach <b>using plate, screw device (with/without wire or mesh)</b> no tissue used (in the release)</li> <li>- 1.EA.72.LA-NW-A Release, cranium open approach <b>using plate, screw device (with/without wire or mesh)</b> with autograft</li> <li>- 1.EA.72.LA-NW-Q Release, cranium open approach <b>using plate, screw device (with/without wire or mesh)</b> with combined sources of tissue [e.g. graft and flap]</li> <li>- 1.EA.72.LA-NW-G Release, cranium open approach <b>using plate, screw device (with/without wire or mesh)</b> with pedicled flap [pericranial flap]</li> <li>- 1.EA.72.LA-KD Release, cranium open approach <b>using wire or mesh only</b> no tissue used (in the release)</li> <li>- 1.EA.72.LA-KD-A Release, cranium open approach <b>using wire or mesh only</b> with autograft</li> <li>- 1.EA.72.LA-KD-Q Release, cranium open approach <b>using wire or mesh only</b> with combined sources of tissue [e.g. graft and flap]</li> <li>- 1.EA.72.LA-KD-G Release, cranium open approach <b>using wire or mesh only</b> with pedicled flap [pericranial flap]</li> </ul>
316	Implantation, thalamus and basal ganglia, of electrodes using burr hole approach	<ul style="list-style-type: none"> <li>- 1.AE.53.SE-JA Implantation of internal device, thalamus and basal ganglia of electrodes [e.g. recording, stimulating] using burr hole approach.</li> </ul>

<p>317</p>	<p>Artificial knee used in bilateral and unilateral revision/replacement</p>	<p>Single component:</p> <ul style="list-style-type: none"> <li>- 1.VG.53.LA-PM-N Implantation of internal device, knee joint, knee joint with synthetic material (e.g. bone paste, cement,) single component prosthetic device</li> <li>- 1.VG.53.LA-PM Implantation of internal device, knee joint, knee joint uncemented single component prosthetic device</li> <li>- 1.VG.53.LA-PM-A Implantation of internal device knee joint with bone autograft single component prosthetic device</li> <li>- 1.VG.53.LA-PM-K Implantation of internal device, knee joint, knee joint with bone homograft single component prosthetic device</li> <li>- 1.VG.53.LA-PM-Q Implantation of internal device, knee joint, knee joint with combined sources of tissue (e.g. bone graft, cement, paste) single component prosthetic device</li> </ul> <p>Dual component:</p> <ul style="list-style-type: none"> <li>- 1.VG.53.LA-PN-N Implantation of internal device, knee joint, knee joint with synthetic material (e.g. bone paste, cement,) dual component prosthetic device</li> <li>- 1.VG.53.LA-PN Implantation of internal device, knee joint uncemented using dual component prosthetic device</li> <li>1.VG.53.LA-PN-A Implantation of internal device, knee joint, knee joint with bone autograft dual component prosthetic device</li> <li>- 1.VG.53.LA-PN-K Implantation of internal device, knee joint, knee joint with bone homograft dual component prosthetic device</li> <li>- 1.VG.53.LA-PN-Q Implantation of internal device, knee joint, knee joint with combined sources of tissue (e.g. bone graft, cement, paste) dual component prosthetic device</li> </ul> <p>Tri component:</p> <ul style="list-style-type: none"> <li>- 1.VG.53.LA-PP-N Implantation of internal</li> </ul>
------------	--	---

Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC)

Service Code	Description	CCI Codes
		<p>device, knee joint, knee joint with synthetic material (e.g. bone paste, cement,) tri component prosthetic device</p> <ul style="list-style-type: none"> <li>- 1.VG.53.LA-PP Implantation of internal device, knee joint, knee joint uncemented tri component prosthetic device</li> <li>- 1.VG.53.LA-PP-K Implantation of internal device, knee joint, knee joint with bone homograft tri component prosthetic device</li> <li>- 1VG.53.LA-PP-A Implantation of internal device, knee joint, knee joint with bone autograft tri component prosthetic device</li> <li>- 1.VG.53.LA-PP-Q Implantation of internal device, knee joint, knee joint with combined sources of tissue (e.g. bone graft, cement, paste) tri component prosthetic device</li> </ul> <p>Partial component :</p> <ul style="list-style-type: none"> <li>- 1.VG.53.LA-PR Implantation of internal device, knee joint uncemented partial component [e.g. tibial liner (insert) alone]</li> </ul> <p>The host jurisdiction does not need to record the status attribute.</p>
318	Spinal fixation/fusion rods, grafts, screws	<ul style="list-style-type: none"> <li>- 1.SA.74.^ Fixation, <u>atlas and axis</u> (all codes)</li> <li>- 1.SA.75.^ Fusion, atlas and axis (all codes)</li> <li>- 1.SC.74.^ Fixation, spinal vertebrae and</li> <li>- 1.SC.75.^ Fusion, spinal vertebrae</li> </ul> <p>EXCLUDING codes with device qualifier XX meaning 'no device used.</p>
319	Artificial hip used in unilateral replacement (excludes bilateral and revised)	<ul style="list-style-type: none"> <li>- 1.VA.53.^ with the exception of 1.VA.53.LA-SL-N which is the implantation of a cement spacer only</li> </ul> <p>If an invoice is requested, a note should be added to the invoice that indicates the status and location attribute (status attribute of 'P' (primary) and a location attribute of either 'L' for left or 'R' for right).</p>

Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC)

Service Code	Description	CCI Codes
320	Artificial shoulder used in shoulder revision/replacement	<p>1TA53LAPM, 1TA53LAPMA, 1TA53LAPMK, 1TA53LAPMN, 1TA53LAPMQ, 1TA53LAPN, 1TA53LAPNA, 1TA53LAPNK, 1TA53LAPNN, 1TA53LAPNQ, 1TA53LAPQ, 1TA53LAPQA, 1TA53LAPQK, 1TA53LAPQN, 1TA53LAPQQ, 1TA53LASLN, 1TA53LAPR</p> <p>If an invoice is requested, a note should be added to the invoice that indicates the status attribute of 'R' (revision).</p>
321	<p>Stent grafts</p> <p>Stent graft procedure is a procedure that uses percutaneous transluminal approach and (endovascular) stent with synthetic graft. EVAR related CCI codes are excluded from this procedure group.</p>	<p>-1.IM.80.GQ-NR-N - Repair, pulmonary artery, using percutaneous transluminal approach and (endovascular) stent with synthetic tissue [e.g. stent graft].</p> <p>-1.JK.80.GQ-NR-N - Repair, subclavian artery, using percutaneous transluminal approach and (endovascular) stent with synthetic tissue (e.g. stent graft).</p> <p>-1.KE.80.GQ-NR-N - Repair, abdominal arteries NEC, using percutaneous transluminal (arterial) approach and (endovascular) stent graft [e.g. snorkel stent graft].</p> <p>-1.KG.56.GQ-NR-N - Removal of foreign body, arteries of leg NEC using percutaneous transluminal approach and (endovascular) stent with synthetic graft [e.g. stent graft].</p> <p>-1.KG.80.GQ-NR-N - Repair, arteries of leg NEC using percutaneous transluminal approach and (endovascular) stent with synthetic graft [e.g. stent graft].</p> <p>-1.KT.80.GQ-NR-N - Repair, vessels of the pelvis, perineum and gluteal region using percutaneous transluminal (arterial) approach and (endovascular) stent graft.</p>



Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC)

Service Code	Description	CCI Codes
322	<p>Expandable stent graft used in endovascular aneurysm repairs (EVAR)</p> <p>Endovascular aneurysm repair or endovascular aortic repair (EVAR) is a type of endovascular surgery used to treat an abdominal aortic aneurysm. The procedure involves the placement of an expandable stent graft within the aorta to treat the aortic disease without surgically opening or removing part of the aorta.</p>	1ID80GQNRR, 1ID80GQNRN, 1KA80GQNRR , 1KA50GQOA
323	<p>Transcatheter pulmonary valve</p> <p>Pulmonary valve treatment is a procedure wherein an artificial heart valve is delivered via catheter through the cardiovascular system. The catheter is inserted into the patient's femoral vein through a small access site. The catheter which holds the valve is placed in the vein and guided into the patient's heart. Once the valve is in the right position, the balloons are inflated and the valve expands into place and blood will flow between the patient's right ventricle and lungs.</p>	1.HT.80.GP-XX-L Repair, pulmonary valve percutaneous transluminal approach using xenograft

## How to bill for implants/devices

### Scenario 1

Item	Cost (\$)	Information Required on Invoice
Mesh	\$200.00	Not applicable
Screw 1	\$550.00	Not applicable
Screw 2	\$200.00	Not applicable
Wire	\$0	
Pacemaker	\$1,000.00	Not applicable
<b>Total</b>	<b>\$1,950.00</b>	
<b>Billable Amount:</b>	<b>Per Diem Only</b>	

**Accompanying Invoice Needed:** None.

## Scenario 2

Item	Cost (\$)	Information Required on Invoice
Mesh	\$200.00	Facility Cost
Screw 1	\$300.00	Facility Cost
Screw 2	\$200.00	Facility Cost
Wire	\$400.00	Facility Cost
Pacemaker	\$1,000.00	Supplier Cost
<b>Total</b>	<b>\$2,100.00</b>	
<b>Billable Amount:</b>	<b>\$2,100.00</b>	

### Accompanying Invoice Needed:

- 1 facility generated invoice listing: mesh, screw 1, screw 2 and wire
- supplier generated invoice for: pacemaker

## Scenario 3

Item	Cost (\$)	Information Required on Invoice
Mesh	\$200.00	Facility Cost
Screw 1	\$500.00	Supplier Cost
Screw 2	\$200.00	Facility Cost
Wire	\$200.00	Facility Cost
Pacemaker	\$1,000.00	Supplier Cost
<b>Total</b>	<b>\$2,100.00</b>	
<b>Billable Amount:</b>	<b>\$2,100.00</b>	

**Accompanying Invoice Needed:**

- - 1 facility generated invoice listing: mesh, screw 2 and wire.
- - if items from different supplier separate supplier invoices for: screw 1, pacemaker
- - if items from same supplier, one supplier invoice for: screw 1, pacemaker

**Facility Generated Invoice:**

If any specific component used during a procedure (e.g. a screw) has a unit cost of less than \$500.00 (e.g. \$120.00 each), regardless of how many may be used, it is acceptable to list this information on one facility generated invoice. Additionally, any other components costing less than \$500.00 each, regardless of how many are used, can be added onto the same facility generated invoice.

**Supplier Generated Invoice:**

If any specific component used during a procedure (e.g. pacemaker) has a unit cost of \$500.00 or more (e.g. \$510.00 each), regardless of how many may be used, it is acceptable to identify this component on the respective supplier invoice. Additionally, any other components with a cost of \$500.00 or more each, regardless of how many are used, should be identified on the respective supplier invoice.