

## HCPSC LEVEL II C-CODES

### For Cranial & Spinal Technologies

Medicare requires hospitals to use device codes in conjunction with procedures that require the implantation of a device that are assigned to a device-intensive APC under the Hospital Outpatient Prospective Payment System (HOPPS).

The following list provides the HCPSC II codes that may be applicable.

#### Medtronic Spinal & Biologic devices:

##### **C1713** Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue- to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plates with accompanying washers and nuts. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (i.e., bone substitute implanted into a bony defect created from trauma or surgery).

##### **C1776** Joint device (implantable)

An artificial joint that is implanted in a patient. Typically, a joint device functions as a substitute to its natural counterpart and is not used (as are anchors) to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone.

##### **C1889** Implantable/insertable device for device intensive procedure, not otherwise classified

The following list provides some HCPSC II codes that may be applicable to some

#### Medtronic Cerebral Spinal Fluid Products:

##### **C1729** Catheter, draining (for the ventricular or lumbar catheter used in external cerebrospinal fluid drainage)

Intended to be used for percutaneous drainage of fluids. NOTE: This category does NOT include Foley catheters or suprapubic catheters.

##### **C1781** Mesh (implantable) (for mesh used in cranial plating)

A mesh implant or synthetic patch composed of absorbable or non-absorbable material that is used to repair hernias, support weakened or attenuated tissue, cover tissue defects, etc.

*Please refer to the list of device category codes on the CMS website.*

For further information, please contact the Reimbursement Support Center at:  
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