Medtronic

ENT surgery

HCPCS II device coding guide

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HCPCS II device codes

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For questions please contact us at ent.us.reimbursement@medtronic.com

HCPCS II Device Codes[1]

These codes are used by the entity that purchased and supplied the medical device, DME, drug, or supply to the patient. Medicare provides C-codes for hospital use in billing Medicare for medical devices in the outpatient setting. Although other payers may also accept C-codes, regular HCPCS II device codes are generally used for billing non-Medicare payers. ASCs, however, usually should not assign or report HCPCS II device codes for devices on claims sent to Medicare. Medicare generally does not make a separate payment for devices in the ASC. Instead, payment is "packaged" into the payment for the ASC procedure. ASCs are specifically instructed not to bill HCPCS II device codes to Medicare for devices that are packaged.[2]

Device or Product	HCPCS	Description / Comment
ENT Slide-On™ Endosheath™ system[3]	A4270	Disposable endoscope sheath, each
NuVent™ EM sinus dilation system[3]	C1726	Catheter, balloon dilation, non-vascular
NuVent™ eustachian tube dilation balloon	C1726	Catheter, balloon dilation, non-vascular
Novapak™ nasal sinus packing and stent[3]	C1763	Connective tissue, non-human (includes synthetic)
MeroGel™ bioresorbable nasal packing products[3]	C1763	Connective tissue, non-human (includes synthetic)
MeroPack™ bioresorbable nasal dressing and sinus stent[3]	C1763	Connective tissue, non-human (includes synthetic)
Chitogel™ endoscopic sinus surgery kit[3]	C1763	Connective tissue, non-human (includes synthetic)
HydroCleanse™ sinus wash delivery system[5] & Hydrodebrider™ endoscopic sinus irrigation system[3]	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
Nasal septal button	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
Powered surgical equipment: console, microdebrider, burs & blades	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
ENT navigation system: instruments & accessories	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
EpiDisc™ and EpiFilm™ otologic lamina and tympanic membrane patch kit	C1763	Connective tissue, non-human (includes synthetic)
Ossicular reconstruction implants and accessories	L8613	Middle-ear prosthesis including PORPs, TORPs, and stapes
Silicone sheeting	C1763	Connective tissue, non-human (includes synthetic)
Silicone stripe when used for vocal cord medialization	C1726	Material for vocal cord medialization, synthetic (implantable)

Information continued on the following page.

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Device or Product	HCPCS	Description / Comment
Ventilation tubes (tympanic membrane) and myringotomy accessories	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
NIM Vital™ , NIM-Neuro™ 3.0 and NIM Response™ 3.0 nerve monitoring systems for ENT surgery with accessories[3]	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
NIM TriVantage™ EMG Endotracheal Tubes[3]	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
Electrodes, including APS™ electrode and probes[3]	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
PTeye™ parathyroid detection system[3]	N/A[4]	Consider reporting associated charges under general revenue code 270 for medical-surgical supplies.
PROPEL™ mometasone furoate sinus implants	C2625	Stent, non-coronary, temporary, with delivery system
PROPEL™ mometasone furoate sinus implants	S1091	Stent, non-coronary, temporary, with delivery system (propel)
SINUVA™ (mometasone furoate) sinus implant	J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms

References:

1. HCPCS 2025 Level II Professional Edition. American Medical Association; 2024
2. ASCs should report all charges incurred. However, only charges for non-packaged items should be billed as separate line items. Because of a Medicare requirement to pay the lesser of the ASC rate or the line-item charge, breaking these packaged charges out onto their own lines can result in incorrect payment to the ASC. Centers for Medicare and Medicaid Services. Medicare Claims Processing Manual, Chapter 14–Ambulatory Surgical Centers, Section 40. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c14.pdf. Accessed December 6, 2024.
3. Slide-On™, EndoSheath™, NuVent™, MeroGel™, MeroPack™, Novapak™, HydroCleanse™, Hydrodebrider™, EpiDisc™, EpiFilm™, NIM-Neuro™, NIM-Response™, NIM-TriVantage™, NIM™, PTeye™ and APS™ are trademarks of Medtronic, Inc. Chitogel™ is distributed by Medtronic, Inc.
4. N/A indicates that CMS and other payers do not have a need for these items to be individually identified, although the associated charges must still be reported. When hospitals use a device or supply that does not have a HCPCS II code, they should report the charges in the general revenue code for the item, typically revenue code 270 for Medical-Surgical Supplies.

INDICATION

SINUVA Sinus Implant is a corticosteroid-eluting implant indicated for the treatment of chronic rhinosinusitis with nasal polyps in adult patients ≥ 18 years of age who have had ethmoid sinus surgery.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Patients with known hypersensitivity to mometasone furoate and any of the ingredients of the SINUVA Sinus Implant.

WARNINGS AND PRECAUTIONS

Local Nasal Adverse Reactions Monitor nasal mucosa adjacent to the SINUVA Sinus Implant for any signs of bleeding (epistaxis), irritation, infection, or perforation. Avoid use in patients with nasal ulcers or trauma.

Glaucoma and Cataracts: Nasal steroids may result in development of glaucoma and/or cataracts. Glaucoma, cataracts, and clinically significant elevation of intraocular pressure were not observed in patients from the treatment group of one randomized controlled clinical study (N = 53) who underwent bilateral placement of SINUVA Sinus Implants. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

Hypersensitivity Reactions: Hypersensitivity reactions, including rash, pruritus, and angioedema have been reported with the use of corticosteroids.

Immunosuppression and Risk of Infections: Persons who are using drugs that suppress the immune system, such as corticosteroids, including SINUVA Sinus Implant are more susceptible to infections than healthy individuals. The safety and effectiveness of SINUVA Sinus Implant have not been established in pediatric patients less than 18 years of age and SINUVA is not indicated for use in this population. Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

Hypercorticism and Adrenal Suppression: If corticosteroid effects such as hypercorticism and adrenal

suppression appear in patients, consider sinus implant removal.

ADVERSE REACTIONS

The most common adverse reactions observed (> 1% of subjects) in clinical studies were asthma, headache, epistaxis, presyncope, bronchitis, otitis media, and nasopharyngitis.

POSTMARKETING EXPERIENCE

The following adverse reactions have been identified during post-approval use of the SINUVA sinus implant. These events include implant migration, lack of efficacy, nasal pain, headache, epistaxis.

Rx only. Please see Full Prescribing Information for SINUVA available at **http://medtronic.com/sinuva.**

INDICATIONS, CONTRAINDICATIONS, AND PRECAUTIONS

The PROPEL™ sinus implants are intended to maintain patency and locally deliver steroid to the sinus mucosa in patients ≥18 years of age following sinus surgery: PROPEL™ for the ethmoid sinus, PROPEL™ mini for the ethmoid sinus/frontal sinus opening, and PROPEL™ contour for the frontal/maxillary sinus ostia. Contraindications include patients with confirmed hypersensitivity or intolerance to mometasone furoate (MF) or hypersensitivity to bioabsorbable polymers. Safety and effectiveness of the implant in pregnant or nursing females have not been studied. Risks may include, but are not limited to, pain/pressure, displacement of the implant, possible side effects of intranasal MF, sinusitis, epistaxis, and infection. For full prescribing information, see IFU at manuals.medtronic.com. Rx only.

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