HCPCS Level II Coding Reference Guide

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HCPCS Level II Codes

The Healthcare Common Procedure Coding System (HCPCS) Level II is a standardized coding system used primarily to identify products, supplies, and services not included in the CPT® codes such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies when used outside a physician's office.

C-Codes

The C series of HCPCS ("C codes") reports drug, biological, and device codes that must be used by Outpatient Prospective Payment System (OPPS) hospitals for reporting facility (technical) services. Some of the items and services described by C codes are eligible for transitional pass-through payments for OPPS hospitals, have separate Ambulatory Payment Classification (APC) payments, or are items that are packaged. Hospitals are encouraged to report all applicable C codes regardless of payment status.

For device-intensive procedures performed in the hospital outpatient setting, Medicare requires the reporting of a device-related HCPCS Level II code on the claim. This is necessary to help ensure appropriate costs are captured for use in setting future hospital outpatient APC payment levels. It is important to note that reporting HCPCS Level II codes does not necessarily result in additional reimbursement to the hospital.

Items without HCPCS II Codes

Many devices, supplies and other items used by hospitals and physicians do not have HCPCS Level II codes. This indicates that CMS and other payers do not have a need for these items to be individually identified on the claim, although the associated charges must still be reported.

When hospitals use a device or supply that does not have a HCPCS Level II code, they should report the charges in the revenue center code for the item, typically revenue center code 270 for Medical-Surgical Supplies or revenue center code 278 for Medical-Surgical Supplies/Implants. When hospitals or physicians use an item that does not have a HCPCS Level II code, they should build the cost for the item into their charge for the procedure or service.

Coding Examples

For plates, screws, bone void fillers, and DBM:

C1713 - 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).

For joint replacement ie, ankle, knee, hip, shoulder etc:

C1776 - An artificial joint that is implanted in a patient. Typically, a joint device functions as a substitute to its natural counterpart.

For spinal implants:

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

C1821 - Interspinous process distraction device (implantable)

For DeNovo, Chondrofix, Cellentra, PrimaGen (cell based technologies):

L8699 - Prosthetic implant, not otherwise specified

Common HCPCS Level II Codes for Zimmer Biomet Products

Note that HCPCS Level II codes are usually not product-specific and have very general descriptions.

Code	Description
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1763	Connective tissue, non-human (includes synthetic)
C1769	Guide wire
C1776	Joint device (implantable)
C1781	Mesh (implantable)
C1821	Interspinous process distraction device (implantable)
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified
E0749	Osteogenesis stimulator, electrical, surgically implanted
J3490	Unclassified drugs
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose
L8699	Prosthetic implant, not otherwise specified
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter
S2325	Hip core decompression
S2900	Surgical techniques requiring use of robotic surgical system

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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