

# NEUROMODULATION

## HCPCS DEVICE CATEGORY C-CODES CODING GUIDE

# HCPCS DEVICE CATEGORY C-CODES

## INTRODUCTION

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## GENERAL INFORMATION

The Medicare Hospital Outpatient Prospective Payment System (OPPS) requires providers to report device category C-codes on claims in order to improve the claims data used to annually update the OPPS payment rates. Based on the CY2020 OPPS Final Rule, CMS will no longer implement specific procedure-to-device or device-to-procedure edits for any APCs. Instead, CMS has created claims processing edits that require any device codes used in previous device-to-procedure edits to be included on claims that include procedure codes assigned to device-dependent APCs.

## HCPCS AND REVENUE CODES

Revenue codes help hospitals categorize services provided by revenue center. Medicare utilizes revenue codes for cost reporting purposes. For Medicare, revenue codes must be included for each service on a CMS 1450 (UB-04) claim form. It may be appropriate for hospitals to capture the cost of products used for the procedures described above within Revenue Code 0278 (Medical/Surgical Supply – Other Implant) or Revenue Code 0360 (Operating Room Services - General). Health Care Common Procedural Coding System (HCPCS) codes include level I codes (CPT<sup>+</sup> Code, described above) and level II codes (other products, supplies, and services not included in CPT<sup>+</sup> Code).

## NEUROMODULATION HCPCS DEVICE CATEGORY C-CODES

C-CODE	DEVICE	MODEL
<b>GENERATOR NEUROSTIMULATOR (IMPLANTABLE) NON-RECHARGEABLE</b>		
C1767	Proclaim™ DRG IPG	3664
	St. Jude Medical Infinity™ IPG	6660, 6661, 6662, 6663
	EonC™ 16-Channel IPG	3688
	Proclaim™ Elite 7 IPG	3662
	Proclaim™	3660, 3661, 3662, 3663, 3665, 3667
	Prodigy MRI, IPG	3772
<b>LEAD NEUROSTIMULATOR (IMPLANTABLE)</b>		
C1778	Proclaim™ Neurostimulator System with SlimTip™ Implant Lead	MN10450-50A, MN10450-90A
	St. Jude Medical Infinity™ DBS System with 8CH Directional Lead	6170, 6171, 6172, 6173, 6178, 6179, 6180, 6181
	Quattrode™ Lead	3146, 3156, 3163, 3166, 3169
	Octrode™ Lead Kit	3183, 3186, 3189
	Lamitrode™ Tripole™	3208, 3210, 3214, 3219
	Exclaim™ Lead	3224, 3225
	Penta™ Lead	3228
	Lamitrode™ Lead Kit	3240, 3243, 3244, 3245, 3246, 3262, 3266, 3268, 3283, 3286, 3288
<b>PATIENT PROGRAMMER, NEUROSTIMULATOR</b>		
C1787	Proclaim™ Patient Programmer	MN10600-02
	Prodigy MRI™ Patient Programmer	3856
	Patient Controller App (PC)	3871
	St. Jude Medical Infinity™ DBS System Patient Controller App	3875

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C-CODE	DEVICE	MODEL
<b>PATIENT PROGRAMMER, NEUROSTIMULATOR</b>		
C1787	Eon™ Patient Programmer	3851
	Protégé™ Programmer	3852
	Protege MRI™ Programmer	3853
	St. Jude Medical™ Patient Controller	3883
<b>GENERATOR, NEUROSTIMULATOR (IMPLANTABLE, NON HIGH-FREQUENCY WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM)</b>		
C1820	Eon™ Rechargeable IPG, Eon Mini™	3716
	Eon Mini™ 16-Channel IPG	3788
	Eterna™ Spinal Cord Stimulation System	32400
	Protégé MRI™ 16-Channel IPG	3771, 3772
	Protégé™ 16-Channel IPG	3789
	Prodigy MRI™ IPG	3772
<b>ADAPTER/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)</b>		
C1883	Proclaim Lead Extension Kit	MN10550-50
	St. Jude Medical Infinity™ DBS System with 8CH Flex Extn	6371, 6372, 6373, 6377, 6378, 6379
	8-Channel Adapter–B	2321, 2326
	8-Channel Adapter–M	2311, 2316
	A127 Extension	2343
	Extension, Dual 4	3341, 3343, 3346
	Extension, Single	3383, 3386
<b>TRIAL/LEAD KIT</b>		
C1897	Proclaim™ Neurostimulation System with SlimTip™ Trial Lead	MN10350-50A, MN10350-90A
	Quattrode™ Trial Lead Kit	3046, 3086
	Octrode™ Trial Lead Kit	3183, 3186, 3189

## REFERENCE

CMS, 2020 Alpha-Numeric Index HCPCS file: <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File>

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