HCPCS Coding Questions

Do You Have A Coding Question?

The Healthcare Common procedure Coding System (HCPCS) is divided into two principal subsystems, referred to as level I and level II of the HCPCS.

Questions on the Use of Level I HCPCS

Level I of the HCPCS is comprised of Current Procedural Terminology (CPT-4) , a numeric coding system maintained by the American Medical Association (AMA). The CPT-4 is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. These health care professionals use the CPT-4 to identify services and procedures for which they bill public or private health insurance programs. Level I of the HCPCS, the CPT-4 codes, does not include codes needed to separately report medical items or services that are regularly billed by suppliers other than physicians.

Issues related to the application of Level I HCPCS codes (CPT-4) for physicians will be referred to the AMA. See Related Links Outside CMS below.

Questions on the Use of Level II HCPCS

Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT-4 codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT-4 codes, the level II HCPCS codes were established for submitting claims for these items.

Contact Information for HCPCS:

HCPCS Email Address: hcpcs@cms.hhs.gov

Coding questions regarding the use of Level II HCPCS codes related to durable medical equipment, prosthetics, orthotics, and other supplies

Suppliers should check with the pricing, coding analysis, and coding (PDAC), contractor to CMS. The PDAC is responsible for providing suppliers and manufacturers with assistance in determining which HCPCS

code should be used to describe DMEPOS items for the purpose of billing Medicare. The PDAC has a toll free helpline for this purpose, (877) 735-1326. In addition, the PDAC publishes a product classification list on its website that lists individual items to code categories. More information about the PDAC and the PDAC's product classification list can be found at the PDAC website. See Related Links Outside CMS below.

Issues regarding Level II HCPCS used in billing under the Hospital Outpatient Prospective Payment System (OPPS)

The American Hospital Association (AHA) and the Centers for Medicare & Medicaid Services (CMS) have joined together in establishing the AHA clearinghouse to handle coding questions on established HCPCS usage. The American Health Information Management (AHIMA) also provides input through the Editorial Advisory Board.

The clearinghouse will serve as a centralized point of contact to educate hospitals, policy makers and the public on HCPCS coding. Hospitals and health care professionals have experienced a growing need for greater consistency and improved understanding of HCPCS coding in the wake of implementation of prospective payment methods that utilize HCPCS coding for billing and payment purposes.

The AHA's Central Office will handle the clearinghouse functions and provide open access to any person or organization that has questions regarding a subset of HCPCS coding, particularly hospitals and other health professionals who bill under the hospital outpatient prospective payment system (OPPS). Specifically, the AHA's Central Office will handle clearinghouse functions such as providing interpretation, promotion and explanation of the proper use of a subset of HCPCS codes as follows:

- Level I HCPCS (CPT-4 codes) for hospital providers
- Level II HCPCS codes for hospitals, physicians and other health professionals who bill Medicare
  - A-codes for ambulance services and radiopharmaceuticals
  - C-codes
  - G-codes
  - J-codes, and
  - Q-codes (other than Q0163 through Q0181)

Formulate and submit the specific question you have regarding appropriate HCPCS coding (please be as specific as possible). Please submit no more than one (1) question per request. Pertinent medical record documentation that will provide information to assist the Central Office in determining the appropriate HCPCS code assignment must be included (if applicable). Such documentation may include copies of consultations, diagnostic reports, operative reports or journal articles. Please submit other relevant information in a typed format (i.e. physician notes, nursing notes). Please note that without supporting documentation, your request may be returned unanswered.

In order to be HIPAA compliant, please remove all identifiers from the medical documentation (name of the hospital, patient and physician names). Under current HIPAA regulations, we are not able to maintain patient identifiable information. We regret that we are not able to accept inquiries for coding assistance that do not comply with the request for patient identification. Inquiries not in compliance will be returned to the requester without an answer.

HCPCS-related questions must be submitted online to the AHA Central Office via the www.codingclinicadvisor.com website.

Related Links

American Medical Association

American Hospital Association

HCPCS Release & Code Sets

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