



UEI Coding Alert # 32 July 19, 2006

HCPCS (Healthcare Common Procedural System) CODING

Definition: HCPCS is a standardized coding system that is 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 (DMEPOS) when used outside a physician's office. HCPCS codes begin with a single letter (A - V) which is followed by four numeric digits. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, HCPCS codes were established for submitting claims for these items.

HCPCS CODE STRUCTURE

A codes describe ambulance and transportation services, medical and surgical supplies, administrative, miscellaneous and investigational services/supplies.

B codes describe enteral and parenteral therapy services/supplies.

D codes describe dental services/supplies.

E codes describe durable medical equipment such as walkers, hospital beds, infusion supplies, etc.

G codes describe temporary procedures/professional services. As these codes are often changed to CPT codes within a given time period, these codes should be reviewed and updated annually.

J codes describe injectable drugs which can be injected subcutaneously, intramuscularly or intravenously. It is important to specify the drug amount injected as these codes specify dosage.

K codes describe temporary durable medical equipment and drug codes. Once these codes are approved for permanent inclusion into HCPCS, they usually become A, E or J codes. Again, it is important to review and update these codes on an annual basis.

L codes describe orthotic/prosthetic devices and procedures.

M codes describe medical services which are either not covered by Medicare or have special coverage instructions.

P codes describe pathology and laboratory services which are either not covered by Medicare or have special coverage instructions.

Q codes describe temporary procedures, services and supplies which have special coverage instructions for Medicare.

R codes describe diagnostic radiology services concerning portable x-rays/EKGs.

V codes describe vision, audiology and speech-language pathology services.

IMPORTANCE OF HCPCS CODING

G codes and **V** Codes are the most common used in Optometry. The most common HCPCS we see in optometry are; the Glaucoma Screening HCPCS begins with a "G" and all of the optical materials HCPCS begin with "V". Optometry may also use HCPCS that begin with "J or A" when injectable drugs and medical supplies are used.

HCFA has mandated the use of HCPCS codes for Medicare claims. Medicaid also requires the use of HCPCS codes. If Medicare is billed for an injection using only a CPT code, you will be paid for the injection only, not the drug administered. Supplies billed with CPT code 99070 are also not generally reimbursed unless identified with a specific HCPCS code.