



## HCPCS Level II

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HCPCS Level II

**Subjects:** Coding, Classification

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### Overview:

HCPCS - Level II is the Healthcare Common Procedure Coding System, established by CMS's Alpha-Numeric Editorial Panel. HCPCS primarily represents items, supplies, non-physician services not covered by the AMA's CPT-4 codes. Medicare, Medicaid, and private insurers use HCPCS procedures and modifier codes for claims processing.

The HCPCS level II coding system is a comprehensive and standardized system that classifies similar products that are medical in nature into categories for the purpose of efficient claims processing. For each alphanumeric HCPCS code, there is a descriptive terminology that identifies a category of like items. These codes are used primarily for billing purposes. For example, suppliers use HCPCS level II codes to identify items on claim forms that are being billed to a private or public health insurer.

The HCPCS level II coding system has the following characteristics:

- This system ensures uniform reporting on claims forms of items or services that are medical in nature. Such a standardized coding system is needed by public and private insurance programs to ensure the uniform reporting of services on claims forms by suppliers and for meaningful data collection.
- The descriptors of the codes identify a category of like items or services rather than specific products or brand/trade names.
- The coding system is not a methodology for making coverage or payment determinations. Each payer makes determinations on coverage and payment outside this coding process.

This title updates quarterly.