

Procedure Codes* **For** **Alcohol and Other Drug Addiction** **Services**

Part of ODADAS HIPAA* Implementation Strategy

**Ohio Department of Alcohol and
Drug Addiction Services**

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*HCPCS (HCFA Common Procedure Coding System), CPT-4 (Current Procedural Terminology, Fourth Edition) and MACSIS (Multi-Agency Community Services Information System). Health Insurance Portability and Accountability Act (HIPAA).

MACSIS
CODE

HCPCS
CODE

Term (All Terms Sorted Alphabetically)

H0009 **Acute Hospital Detoxification** refers to services that are delivered based on treatment protocols for detox in a hospital setting and are delivered by medical and nursing professionals who provide 24-hour medically directed assessment and withdrawal management. Acute hospital detoxification services are indicated for individuals whose intoxication/withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care service and medical management. Acute hospital detoxification services are to be delivered under a defined set of physician approved policies and physician managed procedures and medical protocols. O.A.C. 3793:2-6-01(U) (Billed per diem and includes room and board) Non-Medicaid service; health care service. Former MACSIS code was **A0420**.

H0047 **Alcohol and/or Substance Abuse Services, Not Otherwise Classified** means services other than those listed as specific alcohol and/or drug treatment services provided to individuals enrolled in an alcohol and other drug program or their family members, which are supportive of alcohol and/or drug addiction treatment services. O.A.C.3793:2-1-08 (Z) **Alcohol and/or Substance Abuse Services, Not Otherwise Classified** T1011 was assigned on July 3, 2001. Formerly known as "Adjunctive Services." H0047 was assigned on 12/03 and T1011 was deleted.

H0014 **Ambulatory Detoxification Services** means face-to-face interactions with an individual who is suffering mild to moderate symptoms of withdrawal, for the purpose of alcohol and/or drug detoxification. This service shall be supervised by a physician, under a defined set of policies and procedures, who is licensed by the State of Ohio Medical Board. Ambulatory detoxification services shall be provided by an outpatient program that is certified by the Ohio Department of Alcohol and Drug Addiction Services. Department certified halfway house and residential treatment programs that want to provide ambulatory detoxification services need not obtain outpatient certification from the department. O.A.C.3793:2-1-08 (X) Billed per diem; Medicaid service; health care service. Former MACSIS code was **A0310** and former Z code was "Z1859."

H0001 **Assessment Service** means the evaluation of an individual to determine the nature and extent of his/her abuse, misuse and/or addiction to alcohol and/or other drugs. Assessment services shall consist of time limited, structured, face-to-face sessions. O.A.C.3793:2-1-08 (K) Billed per hour; Medicaid service; health care service. Former MACSIS code was **A0110** and former Z code was "Z1850."

H0006 **Case Management Service** means those activities provided to assist and support individuals in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. O.A.C.3793:2-1-08 (M) Billed per hour; Medicaid service; health care service. Former MACSIS code was **A0140** and former Z code was "Z1857."

T1009 **Child Care** means care of the children of clients/participants receiving services from an alcohol or other drug addiction program. Billed per hour.

A0560

Consultation means assisting an individual in accessing alcohol and other drug services or other necessary services generally occurring prior to admission. Consultation is a cross-system or within-system collaboration on behalf of an individual to assist in assessment and triage decisions. This process may include family members or other significant persons. Within-system does not include consultation within a treatment agency. O.A.C.3793:2-1-08 (E) Billed per hour; Non-Medicaid service; non-health care service.

<u>MACSIS CODE</u>	<u>HCPCS CODE</u>	<u>Term</u>
	H0007	Crisis Intervention Service involves a face-to-face response to a crisis or emergency situation experienced by a client, family member and/or significant other. O.A.C.3793:2-1-08 (L) Billed per hour; Medicaid service; health care service. Former MACSIS code was A0150 and former Z code was "Z1851."
	T1006	Family Counseling means the utilization of special skills in sessions with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction. Family counseling services can be provided at a program certified by the Ohio Department of Alcohol and Drug Addiction Services or in the natural environment of the client. O.A.C.3793:2-1-08 (P) [Implemented 7/1/01] Alcohol and/or Substance Abuse Services, Family/Couple Counseling was assigned on July 3, 2001. Billed in 15-minute increments; Non-Medicaid service; health care service. Former MACSIS code was A0131 .
	H0005	Group Counseling means the utilization of special skills to assist two or more individuals in achieving treatment objectives. This occurs through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making and/or discussing didactic materials with regard to alcohol and other drug-related problems. Group counseling services shall be provided at a program site certified by the Ohio Department of Alcohol and Drug Addiction Services or in the client's natural environment. The client to counselor ratio shall not be greater than 10:1. O.A.C.3793:2-1-08 (O) Billed in 15-minute increments; Medicaid service; health care service. Former MACSIS code was A0120 and former Z code was "Z1853."
	H0030	Hotline Service means a program's twenty-four hour per day, seven days per week capability to respond to telephone calls, often anonymous, made to a program for crisis assistance. The caller may or may not become a client of the program. O.A.C.3793:2-1-08 (H) BH Hotline Service assigned October 2002 effective for January 1, 2003. Code must be used with HF (substance abuse) in modifier one position to be payable by AOD. Billed per hour; Non-Medicaid service; health care service. Former MACSIS code was A0530 . Must use Pseudo UCI for MACSIS billing.
	H0004	Individual Counseling involves a one-to-one, face-to-face encounter between a client and a counselor. Individual counseling means the utilization of special skills to assist an individual in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making and/or discussing didactic materials with regard to alcohol and other drug-related problems. Individual counseling services can be provided at a program site certified by the Ohio Department of Alcohol and Drug Addiction Services or in the client's natural environment. O.A.C.3793:2-1-08 (N) BH counseling and Therapy was assigned October 2002 effective for January 1, 2003. Code must be used with HF (substance abuse) in modifier one position to be payable by AOD. Billed in 15-minute increments; Medicaid service; health care service. Former MACSIS code was A0120 and former Z code was "Z1852."

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H0015 **Intensive Outpatient Service** means structured individual and group alcohol and drug addiction activities and services that are provided at an outpatient program for a minimum of eight hours per week with services provided at least three days per week. (1) intensive outpatient services shall be provided at an outpatient program site certified by the department of alcohol and drug addiction services. Department certified halfway house and residential treatment programs wanting to provide intensive outpatient services need not obtain outpatient certification from the department. (2) intensive outpatient services shall include, but are not limited to, the following services: (a) assessment, (b) individual counseling, (c) group counseling, (d) crisis intervention. O.A.C.3793:2-1-08 (Q) Billed per diem; Medicaid service; health care service. Former MACSIS code was **A0190** and former Z code was "Z1858."

H0022 **Intervention Service** means those activities that seek to detect alcohol and/or other drug problems and addiction and to intervene in such a way as to arrest the progression of such problems. It includes early intervention services. O.A.C.3793:2-1-08 (G) Billed per hour; Non-Medicaid service; health care service. Former MACSIS code was **A0520**.

T1010 **Meals** means meals for clients/participants participating in an alcohol and/or other drug program in a non-residential setting. Billed per meal (maximum 3 per day).

Medical Community Residential Treatment means a twenty-four-hour rehabilitation facility, with twenty-four-hour-a-day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs. It may be affiliated with or located within a hospital, as part of the inpatient/residential continuum or may be in a freestanding facility.

A1210 **Medical Community Residential Treatment - Hospital Setting** O.A.C.3793:2-1-08 (U) (includes room and board) Billed per diem; Non-Medicaid service; non-health care service. See H0017 and A0740 for unbundled billing.

H0017 **BH Medical Community Residential Treatment - Hospital Setting** O.A.C.3793:2-1-08 (U). National HCPCS excludes room and board. Bill room and board as A0740. Billed per diem; Non-Medicaid service; non-health care service.

A0230 **Medical Community Residential Treatment - Non Hospital Setting** O.A.C.3793:2-1-08 (U) (includes room and board) Billed per diem; Non-Medicaid service; non-health care service. See H0018 and A0740 for unbundled billing.

H0018 **BH Medical Community Residential Treatment - Non Hospital Setting** O.A.C.3793:2-1-08 (U). National HCPCS excludes room and board. Bill room and board as A0740. Billed per diem; Non-Medicaid service; non-health care service.

H0016 **Medical/Somatic Services** means medical services, medication administration services and the dispensing of medication(s) in an alcohol and other drug treatment program. O.A.C.3793:2-1-08 (S) Billed per hour; Medicaid service; health care service. Former MACSIS code was **A0170** and former Z code was "Z1854."

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H0020 **Methadone Administration** means the administration or dispensing of

methadone to an individual only for the treatment of narcotic addiction by an alcohol and other drug treatment program licensed by the Ohio Department of Alcohol and Drug Addiction Services as a methadone program in accordance with section 3793.11 of the revised code. Methadone shall be administered and/or dispensed at a program site which is certified as a treatment program by the department of alcohol and drug addiction services and is approved by the U.S. Food and Drug Administration for the use of methadone in the treatment of narcotic addiction. O.A.C.3793:2-1-08 (T) Billed per dose; Medicaid service; health care service. Former MACSIS code was **A0180** and former Z code was "Z1856."

A1220

Non-medical Community Residential Treatment means a twenty-four-hour rehabilitation facility, without twenty-four-hour-per-day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs. O.A.C.3793:2-1-08 (V) (includes room and board) Billed per diem; Non-Medicaid service; non-health care service. See H0019 and A0740 for unbundled billing.

H0019

Non-medical Community Residential Treatment means a twenty-four-hour rehabilitation facility, without twenty-four-hour-per-day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs. O.A.C.3793:2-1-08 (V). National HCPCS excludes room and board. Bill room and board as A0740. Billed per diem; Non-Medicaid service; non-health care service

H0023

Outreach Service means a planned approach to reach a target population within their environment. The purpose of this approach is to prevent and/or address issues and problems as they relate to the use/abuse of alcohol or drugs. O.A.C.3793:2-1-08 (J) **BH Outreach Service** was assigned October 2002 effective for January 1, 2003. Code must be used with **HF** (substance abuse) modifier one position to be payable by AOD. Billed per hour; Non-Medicaid service; health care service. Former MACSIS code was **A0550**.

A0610

Prevention Information Dissemination Service refers to one-way direct or non-direct contact with service audiences with the intent of affecting knowledge and attitudes. The information dissemination strategy is a way to provide awareness and knowledge of the nature and extent of alcohol, tobacco and other drug use, abuse and addiction and their effects on individuals, families and communities. Examples include, but are not limited to: clearinghouse/information resource center, health fairs, health promotions, original materials development (AV, printed, curricula, newsletter, PSA, resource directory), material dissemination (AV, printed, curricula, newsletter, PSA, resource directory), media campaigns, speaking engagements, special events and telephone information lines. O.A.C. 3793:2-5-02 UU(2) Non-Medicaid service; non-health care service. Must use Pseudo UCI for MACSIS billing. Billed time per event based on hour unit.

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**HCPCS
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A0620

Prevention Education Service refers to the delivery of services to target audiences with the intent of affecting knowledge and attitude and/or behavior. The education strategy involves two-way communication and is distinguished from

awareness and information dissemination by the fact that interaction between educator/facilitator and the participants is the basis of the activities. Activities in this strategy aim to affect critical life and social skills including decision making, refusal skills, critical analysis and systematic judgment abilities. Examples include, but are not limited to: children of substance abuser groups, classroom educational activities, education services for youth, parenting/family management services, peer leader/helper programs and small group sessions. O.A.C. 3793:2-5-02 UU(3) Non-Medicaid service; non-health care service. Must use Pseudo UCI for MACSIS billing. Billed time per event based on hour unit.

A0630

Prevention Community-based Process Service refers to the delivery of services to develop skills of impactors, who will, in turn, provide awareness, education and/or skills to target groups. The community-based process strategy aims to enhance the ability of the community to provide more effective prevention services addressing alcohol, tobacco and other drug use and abuse. Examples include, but are not limited to: accessing services and funding, assessing community needs, community and volunteer training service, formal community teams, community team activities, training services, technical assistance services and systematic planning services. O.A.C. 3793:2-5-02 UU(6) Non-Medicaid service; non-health care service. Must use Pseudo UCI for MACSIS billing. Billed time per event based on hour unit.

A0640

Prevention Environmental Service refers to the broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law. The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of alcohol, tobacco and other drugs in the general population. Activities include, but are not limited to: environmental consultation to communities, preventing underage sale of tobacco and tobacco products, preventing underage alcoholic beverage sales, establishing ATOD-free policies, changing environmental codes, ordinances, regulation and legislation and public policy efforts. O.A.C. 3793:2-5-02 UU(7) Non-Medicaid service; non-health care service. Must use Pseudo UCI for MACSIS billing. Billed per hour.

A0650

Prevention Problem Identification and Referral Service refers to any activity designed as a prevention service aimed at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco and/or alcohol and those who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. This strategy does NOT include any activity designed to determine if a person is in need of treatment. Student assistance programs, employee assistance programs, prevention assessment and referral activities are examples of such activities. O.A.C. 3793:2-5-02 UU(5) Non-Medicaid service; non-health care service. Must use Pseudo UCI for MACSIS billing. Billed per hour.

A0660

Prevention Alternatives Service refers to an activity that excludes alcohol, tobacco and other drug use provided for targeted populations. Activities include, but are not limited to: alcohol/tobacco/drug free social/recreational events, community drop-in centers, community services and youth/adult leadership functions. O.A.C. 3793:2-5-02 UU(4) Non-Medicaid service; non-health care service. Must use Pseudo UCI for MACSIS billing. Billed time per event based on hour unit.

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HCPCS
CODE

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A0510

Referral and Information Service means responding to inquiries from people, usually by telephone, about services provided by the program or services provided by other health care organizations and contacting another health care organization

provider in order to obtain services for an individual. This service does not include "hotline services." O.A.C.3793:2-1-08 (F) Billed per hour; Non-Medicaid; non-health care service.

A0740

Room and Board means room and board for clients enrolled in treatment for alcohol and/or drug abuse. It does not include clinical or therapeutic services. Billed per diem.

H0012

Sub-acute Detoxification refers to detoxification services provided with twenty-four-hour medical monitoring. Services are of brief duration and linkage to other formal and informal services shall be made. Sub-acute detoxification may be provided in a hospital setting as a step-down service from acute detoxification or may be provided in a free-standing setting with medical monitoring. This service shall be supervised by a physician, under a defined set of policies and procedures, who is licensed by the State of Ohio Medical Board. O.A.C.3793:2-1-08 (Y) (Includes room and board) Billed per diem; Non-Medicaid service ; health care service. Former MACSIS code was **A0330**.

H0021

Training Service (non-prevention) means developing alcohol and/or drug service skills of staff and personnel not employed by the agency (e.g., counselor/clinician training on counseling techniques and approaches; sessions for clinicians on the effect of various types of drugs). O.A.C.3793:2-1-08 (I) Non-Medicaid service; non-health care service. Former MACSIS code was **A0540**. Must use Pseudo UCI for MACSIS billing. Billed per hour.

A0750

Transportation means the provision of any defined transportation service cost for clients and/or participants of the program paid for or reimbursed by program. Must use Pseudo UCI for MACSIS billing. Billed as cost per month.

99236

Twenty-three Hour Observation Bed means face-to-face evaluation , for up to twenty-three hours duration under close medical/nursing supervision, of an individual who presents an unpredictable risk of adverse consequences due to intoxication, withdrawal potential and/or co-existing disorders for the purpose of determining the appropriate treatment and plan for the next level of care. O.A.C.3793:2-1-08 (W) **[Implemented 7/1/01]**. CPT4 code. Billed per diem.

Urinalysis means the testing of an individual's urine specimen to detect the presence of alcohol and other drugs. Urinalysis includes laboratory testing and/or urine dip screen. O.A.C.3793:2-1-08 (R)

H0003

Laboratory Analysis (Medicaid service, health care service) Former MACSIS code was **A0160** and former Z code was "Z1855." Billed per screen regardless of number of panels.

A0780

Urine Dip Screen Non-Medicaid; health care service. Former MACSIS code was **A4250**. Billed per screen.

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Driver Intervention Programs

A0800

Non-residential Alcohol and/or Drug Driver Intervention Program is a program of screening, education and referral for individuals who are arrested and/or convicted of operation of a vehicle or water craft under the influence of alcohol

and/or drug of abuse under federal, state or other local governmental ordinances or other alcohol-related traffic statute(s). Programs vary in length but all clients are served on a non-residential basis. Code must be used with **H9** in modifier one position and modifier 2 blank. O.A.C. 3793-4-1-01(C) and 3793-4-1-02 (RR) Billed as one unit; Non-Medicaid service; non-health care service. Only one reimbursable service per 365 days from date of previous service.

Residential Alcohol and/or Drug Driver Intervention Program is a program of screening, education and referral for individuals who are arrested and/or convicted of operation of a vehicle or water craft under the influence of alcohol and/or drug of abuse under federal, state or other local governmental ordinances or other alcohol-related traffic statute(s). Code must be used with **H9** in modifier one position and modifier 2 blank. Non-Medicaid service; non-health care service. Only one reimbursable service per 365 days from date of previous service.

A0848

48 Hour O.A.C. 3793-4-1-01(C) and O.A.C. 3793-4-1-02 (SS) Billed as one unit.

A0872

72 Hour: O.A.C. 3793-4-1-01(C) and O.A.C. 3793-4-1-02 (TT) Billed as one unit.

References

2001 National HCPCS Coding decisions for Implementation in the Year 2001

([Hhttp://www.hcfa.gov/medicare/01hcpctmp.rtf](http://www.hcfa.gov/medicare/01hcpctmp.rtf)) Posted July 3, 2001 by CKR

I to VI: not applicable

VII. National HCPCS "T" Codes established for the State Medicaid Agencies (Note: "T" codes are not valid for Medicare)

- T1006 ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING
(Short Description: Family/couple counseling)
- T1007 ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIFICATION
(Short Descrip: Treatment plan development)
- T1008 DAY TREATMENT FOR INDIVIDUALALCOHOL AND/OR SUBSTANCE ABUSE SERVICES
(Short Description: Day treatment for individual)
- T1009 CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES
(Short Description: Child sitting services)
- T1010 MEALS FOR INDIVIDUAL RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN MEALS NOT INCLUDED IN THE PROGRAM)
(Short Description: Meals when receive services)
- T1011 ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, NOT OTHERWISE CLASSIFIED
(Short Description: Alcohol/substance abuse noc)
- T1012 ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT
- T1013 SIGN LANGUAGE OR ORAL INTERPRETER SERVICES

"H" codes added effective January 1, 2003

Action: HCPCS National Panel decision to establish the following "H" codes TOS = 9, BETOS = Z2, COV = I , Pricing = 00)

- H0047 Alcohol and/or other drug abuse services, not otherwise specified
H0048 Alcohol and/or other drug testing: collection and handling only, specimens other than blood

“H” codes REVISED Effective January 1, 2003

- H0002 Behavioral health screening to determine eligibility for admission to treatment program
- H0004 Behavioral health counseling and therapy, per 15 minutes
- H0017 Behavioral health; residential (hospital residential treatment program), without room and board, per diem
- H0018 Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem
- H0019 Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
- H0024 Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)
- H0025 Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)
- H0030 Behavioral health hotline service
- H0023 Behavioral health outreach service (planned approach to reach a targeted population)

XI. “H” Modifiers ADDED effective January 1, 2003

- HA Child/adolescent program
- HB Adult program, non-geriatric
- HC Adult program, geriatric
- HD Pregnant/parenting women’s program
- HE Mental health program
- HF Substance abuse program
- HG Opioid addiction treatment program
- HH Integrated mental health/substance abuse program
- HI Integrated mental health and mental retardation/developmental disabilities program
- HJ Employee assistance program
- HK Specialized mental health programs for high-risk populations
- HL Intern
- HM Less than bachelor degree level
- HN Bachelors degree level
- HO Masters degree level
- HP Doctoral level
- HQ Group setting
- HR Family/couple with client present
- HS Family/couple without client present
- HT Multi-disciplinary team
- HU Funded by child welfare agency
- HV Funded by state addictions agency
- HW Funded by state mental health agency
- HX Funded by county/local agency
- HY Funded by juvenile justice agency
- HZ Funded by criminal justice agency
- H9 Court-ordered

- TS Follow-up Services

Specialized Mental Health HCPCS

H0031	Mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
H0037	Community psychiatric supportive treatment program, per diem
H0038	Self-help/peer services, per 15 minutes
H0039	Assertive community treatment, face-to-face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0041	Foster care, child, non-therapeutic, per diem
H0042	Foster care, child, non-therapeutic, per month
H0043	Supported housing, per diem
H0044	Supported housing, per month
H0045	Respite care services, not in the home, per diem
H0046	Mental health services, not otherwise specified
T1016	Case Management, each 15 minutes
T1017	Targeted Case Management, each 15minutes
T1018	School-Based Individualized Education Program (IEP) Services, bundled

442. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

HCPCS is based upon the American Medical Association's (AMA) Physicians' Current Procedural Terminology, Fourth Edition (CPT-4). It includes three levels of codes and modifiers. HCFA monitors the system to ensure uniformity. Level I contains only the AMA's CPT-4 codes. This level consists of all numeric codes. The second level contains the codes for physician and nonphysician services which are not included in CPT-4, e.g., ambulance, DME, orthotics and prosthetics. These are alpha-numeric codes maintained jointly by HCFA, the Blue Cross and Blue Shield Association (BCBSA), and the Health Insurance Association of America (HIAA). Level III (local assignment) contains the codes for services needed by individual contractors or State agencies to process Medicare and Medicaid claims. They are used for services which are not contained in either other level. The local codes are also alpha-numeric, but are restricted to the series beginning with W, X, Y, and Z.

442.1 Use and Maintenance of CPT-4 in HCPCS.--The text contains over seven thousand service codes, plus titles and modifiers. The AMA entered into an agreement with HCFA which states:

- o The AMA permits HCFA, its agents, and other entities participating in programs administered by HCFA, and the health care field in general, to use CPT-4 codes and terminology in HCPCS;
- o HCFA shall adopt and use CPT-4 in connection with HCPCS for reporting services under Medicare and Medicaid;
- o HCFA agrees to include a statement in HCPCS that participants are authorized to use the copies of CPT-4 material in HCPCS only for purposes directly related to participating in HCFA programs and that permission for any other use must be obtained from the AMA;
- o HCPCS shall be prepared in format(s) approved in writing by the AMA which include(s) appropriate notice(s) to indicate that CPT-4 is copyrighted material of the AMA. You may publish, edit, and abridge CPT-4 terminology for Medicare use within your own hospital. You are not allowed to publish, edit, or abridge versions of CPT-4 for distribution outside of your hospital. This would violate copyright laws. You may print the codes and approved narrative descriptions for internal processing purposes in billing or in development requests relating to individual Medicare or Medicaid claims;
- o Both AMA and HCFA will encourage health insurance organizations to adopt CPT-4 for the reporting of services to achieve the widest possible acceptance of the system and the uniformity of services reporting consistent therewith;
- o The AMA recognizes that HCFA and other users of CPT-4 may not provide payment under their programs for certain procedures identified in CPT-4. Accordingly, HCFA and other health insurance organizations may independently establish policies and procedures governing the manner in which the codes are used within their operations; and
- o The AMA Editorial Panel has the sole responsibility to revise, update, or modify CPT-4 codes.

The AMA updates and republishes CPT-4 annually and provides HCFA with the updated data. HCFA updates the alpha-numeric (Level II) portion of HCPCS and incorporates the updated AMA material to create the HCPCS file. The file is duplicated and distributed to Medicare contractors and State agencies. Your intermediary furnishes you with Level II of the codes as appropriate, or you may purchase them.

442.2 Addition, Deletion, and Change of Local Codes.--Under the hospital outpatient prospective payment system, payment is made based on HCPCS coding. As a result, requests for local codes are not accepted by your intermediary for services paid under this system since there is no mechanism for pricing local codes. For any procedure not covered under the hospital outpatient prospective payment system, furnish your intermediary with the procedure's full description, projected volume, and charge. Your intermediary assigns a local code and coordinates its use.

442.3 Use and Acceptance of HCPCS.--Use the CPT-4 portion of HCPCS for ambulatory surgical procedures and clinical diagnostic lab services. Use HCPCS codes for coding DME when you bill electronically.

HCPCS is updated annually to reflect changes in the practice of medicine and provision of health care. HCFA provides a file containing the updated HCPCS codes to contractors and Medicaid State agencies 90 days in advance of the implementation of the annual update.