CON Project #19-017
Skin Cancer Surgery Center, LLC
ASTC Surgical Services Charge Comittment (1110.235 (c) (9) (10)
Current Medicare and Medicaid Payment / Charge Rates
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CPT Codes 13101 Through 13152, Complex Wound Repair

Level 1 HCPCS Codes or CPT Code	ASC Facility Payment	ASC Professional Payment	ASC Total Payment
13101	269.94	254.31	524.25
13102	81.72	0	81.72
13121	287.04	254.31	541.35
13122	94.22	0	94.22
13132	338.67	254.31	592.98
13133	142.84	0	142.84
13151	308.87	254.31	563.18
13152	375.06	254.31	629.37

CPT Codes 14040 through 14061, Adjacent Tissue Transfer (Flaps)

Level 1 HCPCS Codes or CPT Code*	ASC Facility Payment	ASC Professional Payment	ASC Total Payment
14040	671.49	817.02	1488.51
14041	829.22	817.02	1646.24
14060	715.18	817.02	1532.2
14061	886.33	817.02	1703.35

CPT Codes 15576 through 15260, Pedicle Formation and Grafts

Level 1 HCPCS Codes or CPT Code*	ASC Facility Payment	ASC Professional Payment	ASC Total Payment
15576	711.49	817.02	1528.51
15630	362.58	817.02	1179.6
15731	1070.1	1411.94	2482.04
15220	654.75	817.02	1471.77
15240	850.46	817.02	1667.48

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CPT Codes 21235, ear cartilage

Level 1 HCPCS Codes or CPT Code*	ASC Facility Payment	ASC Professional Payment	ASC Total Payment
21235	595.73	2,142.48	2,738.21

*By definition, the Level 1 HCPCS Codes are identical to CPT codes and are designed to represent medical procedures; Level II HCPCS codes represent non-physician services; Level III codes are local in nature (see attached documentation)

WIKIPEDIA

Healthcare Common Procedure Coding System

The **Healthcare Common Procedure Coding System** (HCPCS, often pronounced by its acronym as "hick picks") is a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT).[1]

Contents

History

The acronym *HCPCS* originally stood for *HCFA Common Procedure Coding System*, a medical billing process used by the Centers for Medicare and Medicaid Services (CMS). Prior to 2001, CMS was known as the Health Care Financing Administration (HCFA). HCPCS was established in 1978 to provide a standardized coding system for describing the specific items and services provided in the delivery of health care. Such coding is necessary for Medicare, Medicaid, and other health insurance programs to ensure that insurance claims are processed in an orderly and consistent manner. Initially, use of the codes was voluntary, but with the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) use of the HCPCS for transactions involving health care information became mandatory.[2]

Levels of codes

HCPCS includes three levels of codes:

- **Level I** consists of the American Medical Association's Current Procedural Terminology (CPT) and is numeric

- **Level II** codes are alphanumeric and primarily include non-physician services such as ambulance services and prosthetic devices, and represent items and supplies and non-physician services not covered by CPT-4 codes (Level I)
- **Level III** codes, also called local codes, were developed by state Medicaid agencies, Medicare contractors, and private insurers for use in specific programs and jurisdictions. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) instructed CMS to adopt a standard coding systems for reporting medical transactions. The use of Level III codes was discontinued on December 31, 2003, in order to adhere to consistent coding standards.[3][2] Level III codes were different from the modern CPT Category III codes, which were introduced in 2001 to code emerging technology.[4]

See also

- Centers for Medicare and Medicaid Services
- Current Dental Terminology

References

1. HCPCS Code range. "HCPCS Codes" (http://coder.aapc.com/hcpcs-codes-range)
2. "New CMS coding changes will help beneficiaries" (https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/downloads/HCPCSReform.pdf) (PDF). Centers for Medicare and Medicaid Services. October 6, 2004. p. 1. Retrieved January 13, 2010.
3. "Coding and Payment Guide for Behavioral Health Services" (https://www.optum360coding.com/upload/pdf/1545/Coding%20Pymt.Gde.Behav.Serv.pdf) (PDF). www.optum360coding.com. Ingenix. Archived (https://web.archive.org/web/20181201230845/https://www.optum360coding.com/upload/pdf/1545/Coding%20Pymt.Gde.Behav.Serv.pdf) (PDF) from the original on 2018-12-01. Retrieved 2018-12-01.
4. "CPT® Category III Codes: The First Ten Years" (https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cpt/cat-3-codes-first-10-yrs_1.pdf) (PDF). American Medical Association. Archived (https://web.archive.org/web/20181201231638/https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cpt/cat-3-codes-first-10-yrs_1.pdf) (PDF) from the original on 2018-01-01. Retrieved 2018-01-01.

External links

- Official site (http://www.cms.hhs.gov/MedHCPCSGenInfo/)
- HCPCS Level II alphanumeric procedure and modifier codes (http://www.cms.hhs.gov/HCPCSReleaseCodeSets/01_Overview.asp#TopOfPage)
- NDC-HCPCS crosswalk data files (http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01a_2008aspfiles.asp)
- HCPCS Level II Codes & Drug Pricing (https://hcpcs.codes)