

CODING BASICS

Health Care Services – HCPCS Service Codes

HCPCS is divided into two main subsystems—Level I and Level II.

- **HCPCS Level I:** Comprised of Current Procedural Terminology (CPT®), a numeric coding system maintained by the CPT Editorial Panel which is supported by the American Medical Association (AMA). CPT® is a uniform coding system consisting of descriptive terms and identifying codes **used primarily to identify medical services and procedures furnished by physicians and other health care professionals** for which they bill public or private health insurance programs. CPT® codes consist of five numeric digits. **Note:** Separate from the CPT Editorial Panel which acts independently of the AMA, the [Digital Medicine Payment Advisory Group \(DMPAG\)](#) was created by the AMA to support the evidence-based development of digital medicine codes for submission to the CPT Editorial Panel for consideration. The existing CPT codes related to interprofessional consultation (eConsults) and remote physiological management (RPM) and remote therapeutic management (RTM) codes were developed by the DMPAG and subsequently considered by the CPT Editorial Panel.
- **HCPCS Level II:** The Centers for Medicare & Medicaid Services (CMS) maintains HCPCS Level II codes, a standardized coding system that is used primarily to identify products, supplies, **and services not included in the CPT® codes**. HCPCS Level II codes (also known as alpha-numeric codes) consist of a single alphabetical letter followed by four numeric digits. In contrast, CPT Codes are numeric only. **Note:** CMS has regularly created digital health service-related codes when the CPT Editorial does not have codes describing a digital health service that Medicare would like to cover. After CMS has created such codes, the CPT Editorial Panel will often create CPT codes that are the same or very similar to the HCPCS codes created by CMS.

The CPT® Editorial Panel

The CPT® Editorial Panel is a group of experts who manage and update the CPT code set. It includes representatives from the American Hospital Association, CMS, and commercial insurers. They create new codes, revise old ones, and ensure the codes keep up with changes in medical practices and technology. See the AMA's website for information, [here](#).