HCPC
LONGDESCRIPTION
Healthcare Common Procedure Coding System

The Healthcare Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies,products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. HCPCS codes primarily correspond to services, procedures, and equipment not covered by CPT® codes.

HCPC LongDescription

HCPCS Code	HCPC	The Healthcare Common Prodecure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs.The codes are divided into two levels, or groups, as described Below: Level I Codes and descriptors copyrighted by the American Medical Association's current procedural terminology, fourth edition (CPT-4). These are 5 position numeric codes representing physician and nonphysician services. **** NOTE: **** CPT-4 codes including both long and short descriptions shall be used in accordance with the CMS/AMA agreement. Any other use violates the AMA copyright. Level II Includes codes and descriptors copyrighted by the American Dental Association's current dental terminology, seventh edition (CDT-2011/12). These are 5 position alpha-numeric codes comprising the d series. All other level II codes and descriptors are approved and maintained jointly by the alpha-numeric editorial panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are 5 position alpha- numeric codes representing primarily items and nonphysician services that are not represented in the level I codes.
Code Description	LongDescription	Contains all text of procedure or modifier long descriptions. As of 2013, this field contains the consumer friendly descriptions for the AMA CPT codes. The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law.
Short Description	ShortDescription	Short descriptive text of procedure or modifier code (28 characters or less). The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law.
Pricing Indicator Code #1	PI1	Code used to identify the appropriate methodology for developing unique pricing amounts under part B. A procedure may have one to four pricing codes.

Pricing Indicator Code #1 Description	PricingIndicatorCode1	Description of Pricing Indicator Code #1
Pricing Indicator Code #2	PI2	Code used to identify the appropriate methodology for developing unique pricing amounts under part B. A procedure may have one to four pricing codes.
Pricing Indicator Code #2 Description	PricingIndicatorCode2	Description of Pricing Indicator Code #2
Pricing Indicator Code #3	PI3	Code used to identify the appropriate methodology for developing unique pricing amounts under part B. A procedure may have one to four pricing codes.
Pricing Indicator Code #3 Description	PricingIndicatorCode3	Description of Pricing Indicator Code #3
Pricing Indicator Code #4	PI4	Code used to identify the appropriate methodology for developing unique pricing amounts under part B. A procedure may have one to four pricing codes.
Pricing Indicator Code #4 Description	PricingIndicatorCode4	Description of Pricing Indicator Code #4
Multiple Pricing Indicator Code	MPI	Code used to identify instances where a procedure could be priced under multiple methodologies.
Multiple Pricing Indicator Code Description	MultiplePricingIndicatorCode	HCPCS Multiple Pricing Indicator Code Description
Coverage Issues Manual Reference Section Number #1	CIM1	Number identifying the reference section of the coverage issues manual.
Coverage Issues Manual Reference Section Number #2	CIM2	Number identifying the reference section of the coverage issues manual.
Coverage Issues Manual Reference Section Number #3	CIM3	Number identifying the reference section of the coverage issues manual.
Medicare Carriers Manual Reference Section Number #1	MCM1	Number identifying a section of the Medicare carriers manual.
Medicare Carriers Manual Reference Section Number #2	MCM2	Number identifying a section of the Medicare carriers manual.
Medicare Carriers Manual Reference Section Number #3	MCM3	Number identifying a section of the Medicare carriers manual.

Statute Number	Statute	Number identifying statute reference for coverage or noncoverage of procedure or service.
Lab Certification Code #1	LabCert1	Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certified laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.).
Lab Certification Code #1 Description	LabCertificationCode1	Description of HCPCS Lab Certification Code #1
Lab Certification Code #2	LabCert2	Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certified laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.).
Lab Certification Code #2 Description	LabCertificationCode2	Description of HCPCS Lab Certification Code #2
Lab Certification Code #3	LabCert3	Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certified laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.).
Lab Certification Code #3 Description	LabCertificationCode3	Description of HCPCS Lab Certification Code #3
Lab Certification Code #4	LabCert4	Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certified laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.).
Lab Certification Code #4 Description	LabCertificationCode4	Description of HCPCS Lab Certification Code #4
Lab Certification Code #5	LabCert5	Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certified laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.).
Lab Certification Code #5 Description	LabCertificationCode5	Description of HCPCS Lab Certification Code #5
Lab Certification Code #6	LabCert6	Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certified laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.).
Lab Certification Code #6 Description	LabCertificationCode6	Description of HCPCS Lab Certification Code #6
Lab Certification Code #7	LabCert7	Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certified laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.).

Lab Certification Code #7 Description	LabCertificationCode7	Description of HCPCS Lab Certification Code #7
Lab Certification Code #8	LabCert8	Code used to classify laboratory procedures according to the specialty certification categories listed by CMS. Any generally certified laboratory (e.g., 100) may perform any of the tests in its subgroups (e.g., 110, 120, etc.).
Lab Certification Code #8 Description	LabCertificationCode8	Description of HCPCS Lab Certification Code #8
Cross Reference Code #1	XRef1	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
Cross Reference Code #1 Description	XRef1Description	Description of HCPCS Cross Reference Code #1
Cross Reference Code #2	XRef2	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
Cross Reference Code #2 Description	XRef2Description	Description of HCPCS Cross Reference Code #2
Cross Reference Code #3	XRef3	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
Cross Reference Code #3 Description	XRef3Description	Description of HCPCS Cross Reference Code #3
Cross Reference Code #4	XRef4	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
Cross Reference Code #4 Description	XRef4Description	Description of HCPCS Cross Reference Code #4
Cross Reference Code #5	XRef5	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
Cross Reference Code #5 Description	XRef5Description	Description of HCPCS Cross Reference Code #5
Coverage Code	Coverage	A code denoting Medicare coverage status.
Coverage Code Description	CoverageDescription	HCPCS Coverage Code Description
ASC Payment Group Code	ASCPayGrp	The 'YY' indicator represents that this procedure is approved to be performed in an ambulatory surgical center. You must access the ASC tables on the mainframe or CMS website to get the dollar amounts.
ASC Payment Group Effective Date	ASCPayGrpEffDate	The date the procedure is assigned to the ASC payment group.

MOG Payment Group Code	MOGPayGrp	Medicare outpatient groups (MOG) payment group code
MOG Payment Group Code Description	MOGPaymentGroupCode	Description HCPCS MOG Payment Group Code
MOG Payment Policy Indicator	MOGPayInd	Indicator identifying whether a HCPCS code is subject to payment of an ASC facility fee, to a separate fee under another provision of Medicare, or to no fee at all.
MOG Payment Policy Indicator Description	MOGPaymentPolicyIndicator	Description of HCPCS MOG Payment Policy Indicator
MOG Effective Date	MOGEffDate	The date the procedure is assigned to the Medicare outpatient group (MOG) payment group.
Processing Note Number	ProcNote	Number identifying the processing note contained in Appendix A of the HCPCS manual.
Berenson-Eggers Type Of Service Code	BETOS	This field is valid beginning with 2003 data. The Berenson-Eggers Type of Service (BETOS) for the procedure code based on generally agreed upon clinically meaningful groupings of procedures and services.
Berenson-Eggers Type Of Service Code Description	BETOSDescription	HCPCS Berenson-Eggers Type Of Service Code Description
Type Of Service Code #1	TOS1	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code.
Type Of Service Code #1 Description	TypeOfServiceCode1	Description of HCPCS Type Of Service Code #1
Type Of Service Code #2	TOS2	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code.
Type Of Service Code #2 Description	TypeOfServiceCode2	Description of HCPCS Type Of Service Code #2
Type Of Service Code #3	TOS3	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code.
Type Of Service Code #3 Description	TypeOfServiceCode3	Description of HCPCS Type Of Service Code #3
Type Of Service Code #4	TOS4	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code.
Type Of Service Code #4 Description	TypeOfServiceCode4	Description of HCPCS Type Of Service Code #4
Type Of Service Code #5	TOS5	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code.

Type Of Service Code #5 Description	TypeOfServiceCode5	Description of HCPCS Type Of Service Code #5
Anesthesia Base Unit Quantity	AnestBaseUnits	The base unit represents the level of intensity for anesthesia procedure services that reflects all activities except time. These activities include usual preoperative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitering procedures. **** NOTE: **** The payment amount for anesthesia services is based on a calculation using base unit, time units, and the conversion factor.
Code Added Date	CodeAddDate	The year the HCPCS code was added to the Healthcare common procedure coding system.
Action Effective Date	ActionEffDate	Effective date of action to a procedure or modifier code
Termination Date	TermDate	Last date for which a procedure or modifier code may be used by Medicare providers.
Action Code	ActionCode	A code denoting the change made to a procedure or modifier code within the HCPCS system.
Action Code Description	ActionCodeDescription	HCPCS Action Code Description
Status	Actual	
Last Update Date	2026	

Contact Information for HCPCS
HCPCS Email Address: hcpcs@cms.hhs.gov
The PDAC has a toll free helpline
(877) 735-1326
HCPCS-related questions must be submitted online
via the www.codingclinicadvisor.com website

For all questions regarding this bundle please contact Support@DataLabs.Health. Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at https://www.datalabs.health/.