

2008 HCPCS Update: Effective January 1, 2008

Recently, carriers received the year 2008 additions, changes and deletions to the Centers for Medicare and Medicaid Services (CMS) Common Procedure Coding System (HCPCS). The HCPCS codes are effective for dates of service on or after January 1, 2008.

HCPCS is a collection of codes and descriptors that represent procedure, supplies, products and services which may be provided to Medicare beneficiaries and individuals enrolled in private health insurance programs. HCPCS also contains modifiers, which are two-position codes and descriptors used to indicate that a service or procedure has been altered by some specific circumstance, but not changed in its definition or code. The codes and modifiers are divided into three levels:

LEVEL I – Codes and descriptors copyrighted by the American Medical Association’s Current Procedure Terminology (CPT), Standard Edition. These are five-position numeric codes ranging from 00000 to 99999, primarily representing physician services. Level I modifiers are two-position numeric codes.

LEVEL II – Five-position alphanumeric codes, ranging from A0000 to V9999, representing primarily items and nonphysician services that are not represented in the Level I category. These codes and descriptors, with the exception of the D series, are approved and maintained by the Alphanumeric Editorial Panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association) and are listed in the HCPCS Level II code book. The D series includes codes copyrighted by the American Dental Association’s Current Dental Terminology, Second Edition (CDT-2). Level II modifiers are two-position alphanumeric codes.

LEVEL III – Codes and descriptors developed by Medicare carriers for use at the local (carrier) level. These are five-position alphanumeric codes in the W, X, Y or Z series (ranging from W0000 to Z9999) representing physician and nonphysician services that are not represented in the Level I or Level II codes. Level III modifiers are two-position alphanumeric codes in the W, X, Y or Z series.

The year 2008 additions, changes and deletions for the HCPCS codes are listed on the following pages. Please use this information to supplement your current materials. Note that the codes listed as changes previously may have had different descriptions of service. It is important that the most current HCPCS codes are submitted on all claims, so please be sure to use the year 2008 versions of the respective code books.

Special Instructions:

- The additions and deletions for the 2008 HCPCS Update are effective by date of service instead of implementation date.
- The procedure codes listed as additions are valid for services performed on or after January 1, 2008. If these procedure codes are used for dates of service prior to January 1, 2008, the services will be rejected.
- The procedure codes listed as deletions are valid for dates of service up to and including December 31, 2007.

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