

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) "C" AND "S" CODES

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AUTHORITY:

I. CPT LEVEL II "C" AND "S" CODES

C1000 - C9999; S0000 - S9999

II. DESCRIPTION

A. HCPCS "C" codes include device categories, new technology procedures, and drugs, biologicals and radiopharmaceuticals that do not have other HCPCS assigned.

B. HCPCS "S" codes are temporary codes used by the private sector to report drugs, services, and supplies for which there are no national codes.

III. POLICY

A. Upon implementation of TRICARE's Outpatient Prospective Payment System (OPPS), HCPCS "C" codes shall be paid according to OPPS guidelines as outlined in the TRICARE Reimbursement Manual (TRM), [Chapter 13](#). For hospital outpatient department (HOPD) services provided prior to the implementation of TRICARE's OPPS, and thereafter, for services by exempt OPPS hospitals, the contractor shall allow payment of HCPCS "C" codes consistent with current policy as stated in the TRM, [Chapter 1, Section 34, paragraph III.B](#).

B. Under TRICARE, "S" codes are not reimbursable, with the exception of S9122, S9123 and S9124 for the ECHO respite care benefit and the ECHO home health care benefit; S1030, S1031, S1040, S2066, S2067, and S9430 for all beneficiaries.

IV. EXCLUSIONS

HCPCS "C" codes are not allowed to be billed by independent professional providers.

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