

Healthcare Common Procedure Coding System (HCPCS) "C" And "S" Codes

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1.0 HCPCS "C" AND "S" CODES

C1000 - C9999; S0000 - S9999

2.0 DESCRIPTION

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

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

3.0 POLICY

3.1 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 on or before May 1, 2009 (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 24, paragraph 2.2](#).

3.2 Under TRICARE, "S" codes are not reimbursable except as follows:

3.2.1 S9122, S9123, S9124, and S8940 for the Extended Care Health Option (ECHO) respite care benefit and the ECHO Home Health Care (EHHHC) benefit;

3.2.2 S0812, S1030, S1031, S1040, S2083, S2202, S2235, S2325, S2360, S2361, S2401 - S2405, S2411, S3620, S8030, S8185, S8265, S8270, and S9430 for all beneficiaries; and

3.2.3 S2400 for prenatal surgical intervention of temporary tracheal occlusion of Congenital Diaphragmatic Hernia (CDH) for fetuses with prenatal diagnosis of CDH shall be determined on a case-by-case basis, based on the Rare Disease policy, effective October 1, 2009. Procedural guidelines for

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Chapter 1, Section 12.1

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review of rare disease are contained in [Section 3.1](#).

3.2.4 S0189 for testosterone pellets as provided in [Chapter 4, Section 5.1](#).

3.2.5 S8999 for resuscitation bag for use by the patient on artificial respiration during power failure or other catastrophic event. The bag must be U.S. Food and Drug Administration (FDA) approved, used in accordance with FDA indications, and must be prescribed by a physician.

3.2.6 S9900 for services rendered by an authorized Christian Science Practitioner as provided in [Chapter 11, Section 1.1](#).

3.2.7 S0190, S0191, and S0199 as provided in [Chapter 4, Section 18.3](#).

3.3 Under TRICARE, HCPCS code S9999 is a recognized code for purposes of reporting sales tax but is not payable.

3.4 S2095 for the treatment of unresectable liver metastases from neuroendocrine tumors, as stated in [Section 3.1](#).

3.5 S9480 as described in [Chapter 7, Section 3.4, paragraph 3.8](#) and [Chapter 7, Section 3.5, paragraph 3.3.1.2.3](#).

3.6 S2118 hip resurfacing with an FDA approved device is covered as a benefit as outlined in [Chapter 4, Section 6.1](#).

4.0 EXCLUSIONS

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

4.2 HCPCS S2066, S2067, and S2068 shall no longer be used. Current Procedural Terminology (CPT) code 19364 is the more appropriate representation of these services.

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