

Request for HCPCS Coding Advice

Central Office on
HCPCS

American Hospital Association

SEND REQUEST FORM TO:

CODING ADVICE
Central Office on HCPCS
American Hospital Association
155 North Wacker-7th Floor
Chicago, Illinois 60606
Fax: (312) 278-0838

Date _____

Name _____

Facility _____

Address _____

Telephone () _____

Please check whether this request was submitted by: hospital provider physician other health professional

The American Hospital Association (AHA) through a memorandum of understanding with the Centers for Medicare & Medicaid Services (CMS) will handle clearinghouse functions such as providing interpretation, promotion and explanation of the proper use of a subset of HCPCS codes as follows:

- Level I HCPCS (CPT-4 codes) for hospital providers
- Level II HCPCS codes for hospitals, physicians and other health professionals who bill Medicare
 1. A-codes for ambulance services and radiopharmaceuticals
 2. C-codes
 3. G-codes
 4. J-codes, and
 5. Q-codes (other than Q0163 through Q0181)

Formulate and submit the specific question you have regarding appropriate HCPCS coding (please be as specific as possible). **Please submit no more than one (1) question per request.** Pertinent medical record documentation that will provide information to assist the Central Office in determining the appropriate HCPCS code assignment must be included (if applicable). Such documentation may include copies of consultations, diagnostic reports, operative reports or journal articles. Please submit other relevant information in a typed format (i.e. physician notes, nursing notes). **Please note that without supporting documentation, your request may be returned unanswered.**

In order to be HIPAA compliant, please remove all identifiers from the medical documentation (name of the hospital, patient and physician names). Under current HIPAA regulations, we are not able to maintain patient identifiable information. We regret that we are not able to accept inquiries for coding assistance that do not comply with the request for patient identification. Inquiries not in compliance will be returned to the requester without an answer.

NOTE: We cannot address coverage and payment policy issues. All coverage and payment policy issues should be referred to your payer for resolution.

QUESTION: _____
