

Types of charges that can be added to an appointment

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Charges to a patient's appointment via custom code, CPT, or HCPCS.

- **Custom Code** - codes used for over-the-counter products, or services that do not have an established CPT or HCPCS code.
 - These could include vitamins, medicinal herbs, or equipment such as pillows.
 - Custom Codes are client-specific.
 - Custom Codes cannot be billed to insurance by system design.
- **CPT** - Current Procedural Terminology - codes used to describe medical services and procedures.
 - Developed and maintained by the American Medical Association (AMA)
 - Uniform language used by providers and insurance payers
 - Codes are updated each year (includes additions and deletions)
 - Codes are 5 digits. Some are all numeric; some are alpha-numeric
- **HCPCS** - Healthcare Common Procedure Coding System - codes used primarily to identify things such as ambulance services, durable medical equipment (DME), and supplies used outside of a provider's office.
 - Codes are divided into 2 levels; Level 1 and Level 2
 - Level 1 codes are maintained by the American Medical Association (AMA)
 - Level 2 codes are maintained by the Centers for Medicare and Medicaid Services (CMS)
 - Uniform language used by providers and insurance payers
 - Codes are updated each year (includes additions and deletions)

All 3 types of codes can be entered into the account's [fee schedule](#) so prices will automatically populate when the code is added to an appointment.
