

# Types of charges that can be added to an appointment

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Charges to a patient's appointment can be added 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 alphanumeric
- **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.

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