

Coding Policy

HCPCS S-Codes and H-Codes

CODING POLICY NUMBER: 22

Effective Date: 1/1/2025	POLICY STATEMENT.....	1
Last Review Date: 1/2025	PROCEDURE	1
Next Annual Review: 2026	REFERENCES.....	2
	POLICY REVISION HISTORY.....	2

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers
- Non-Participating Practitioners
- Commercial
- Medicaid/Oregon Health Plan
- Medicare

POLICY STATEMENT

Notes: Contract exceptions may apply.

- I. Company does not recognize HCPCS codes beginning with the letter “S” or “H.” If there is no existing CPT code or HCPCS code (other than the S-code or H-code) for the supply or service, the provider may report an unlisted code.

PROCEDURE

GENERAL

HCPCS codes beginning with the letter “S” or the letter “H” are denied as provider responsibility. The message on the Explanation of Payment (EOP) states: “Rebill with alternate code.” If there is no existing CPT code or HCPCS code other than the S-code or H-code, a corrected claim may be submitted with an unlisted code.

REFERENCES

1. CMS/Medicare Rules and Regulations
2. Providence Health Plan Clinical Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
1/2001	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.