

Hospice Medicare Billing Codes Sheet

Type of Bill (FL4)

As of: non hospital based As of: hospital based

B04: Refuse to Discharge (R00)	B01: 1 st claim in series
B05: Revocation/Termination	B03: Continuing claim
B06: Change of hospice	B04: Discharge claim
B07: Cancel SOC benefit period	B05: Late charges (physician charges only)
B08: Nonpayment claim	B07: Adjustment claim
B09: Admitted/discharge	B09: Cancellation

CMS Pub. 100-04, Chapter 11, Section 20 L2A-BL2

Type of Admission (FL14)

- Emergency
- Urgent
- Elective
- Trauma
- Information not available

OP7002

www.cms.gov/Transmittals/downloads/OP000027.pdf

Patient Status (FL17) as of "To" date on claim

- Discharged-home, worked/unemployed
- Still a patient
- Expired at home
- Expired at medical facility
- Expired - postmortem
- Discharged/terminated/hospice - home (routine or CHC)
- Discharged/terminated/hospice - medical facility (routine or CHC)

CMS Pub. 100-04, Chapter 11, Section 30.3

Condition Code (FL 18-26)

- Discharge to care (inpatient/outpatient)

CMS Pub. 100-04, Chapter 11, Section 30.3

Claim Change Reason Code (CCRC) (FL 18-25) & Adjustment Reason Code (ARC) (FISS only)

Description	CCRC	ARC	TR
Change in dates of service	01	84	001
Change in charges	01	76	001
Change in revenue HCPCS code	02	74	001
Cancel to correct provider or HC	03	75	003
Cancel duplicate or OG payment	04	75	003
My identifier is changed	05	74	001
Change in patient status	06	76	001

CMS Pub. 100-04, Chapter 11, Section 30 L2.1

Occurrence Codes (FL 31-34)

- Date of certification or recertification
- Date of discharge/termination (not for transfer or death)

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Occurrence Span Codes (FL 35-36)

- Noncertified but monthly certification
- Multiple people stays from To/From if both stay

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HCPCS Codes (FL 44)

For Discipline Lines (HC, HC2, HC3, HC4, HC5)

Q011: Physiotherapy	Q012: Occupational therapy
Q013: Speech/language pathology	Q014: Nursing services
Q015: Medical social services	Q016: Aide services

For Level of Care Lines (HC, HC2, HC3, HC4)

Q021: Care provided in home
Q022: Care provided in assisted living facility
Q023: Care provided in LTC or nursing skilled NP (nursing assisted care)
Q024: Care provided in skilled nursing facility (nursing skilled care)
Q025: Care provided in psychiatric hospital
Q026: Care provided in psychiatric hospital (fully)
Q027: Care provided in long-term care hospital
Q028: Care provided in psychiatric hospital (fully)
Q029: Care provided in place of residence specified
Q030: Care provided in hospice facility (routine or CHC)

CMS Pub. 100-04, Chapter 11, Section 30.3

Web Site Reference - CMS Pub. 100

<http://www.cms.gov/Transmittals/Manuals/100/04/04.pdf>

MSP Value Codes (FL 39-41) & Payer Codes (FISS only)

Description	IS	IS
Workday pay	01	000
Open	02	000
No fault (no attorney involved)	03	000
Waived Compensation	04	000
Public Health Facilities Program	05	000
Disabled	06	000
Black Lung	07	000
Severely Handicapped	08	000
Liability attorney involved	09	000
Conditional Payment	10	000
Medicare		T

CMS Pub. 100-04, Chapter 11, Section 30

Status/ Location Codes (FISS only)

F0000: Patient has claim approval/payment
F0001: Processed SOC or part claim (full or partial)
F0002: Initial claim (all CPT services claimable)
F0003: Revised claim (change of date, duplicate or illegible)
F0004: Denied claim (initially denied/overlooked, may appeal)
F0005: Reimbursement (FTP) available for 30 months
F0006: Claim temporarily suspended, no provider appeal needed
F0007: ADR claim (admit medical/nursing/therapy 30 days)
F0008: Claim in medical review
F0009: Claim at Center for Health Plan (CHP) 30 months in
F0010: Suspended for Medicare staff intervention, 30 months in



NOTE: The codes listed on this Billing Codes Sheet represent those most frequently submitted on hospice Medicare claims. A complete listing of all codes is accessible from the National Uniform Billing Committee (NUBC) Official 100-04 Data Specifications Manual: www.nubc.org

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Hospice Diagnosis Codes Cheatsheet

**Joanne Valerius, Cynthia Newby, Nenna
Bayes**



Hospice Diagnosis Codes Cheatsheet:

Medical Insurance Joanne Valerius, Cynthia Newby, Nenna Bayes, 2004-07 Designed for the one semester medical insurance course Medical Insurance provides clear focused and authoritative instruction on medical insurance and reimbursement with an emphasis on electronic processing All types of medical insurance are covered and examples in the text represent a realistic mix of managed care and fee based plans The program teaches basic medical coding and coding compliance because this knowledge is essential for ensuring maximum appropriate reimbursement for reported healthcare services A new chapter on HIPAA features the rules on transactions and code with detailed coverage of claim transmission and remittance advice

Textbook of Adult-Gerontology Primary Care Nursing Debra J Hain, Deb Bakerjian, Debra Bakerjian, 2022-02-21 I was thrilled to see content that focuses on quality improvement patient safety interprofessional collaboration care coordination and other content that supports the role of the AGNP as a clinical leader and change agent The authors give these topics the attention that they deserve with clear insightful guidance and importantly the evidence base The chapters that address roles including during disasters settings of care billing and medication use address salient issues that will help the fledgling AGNP to hit the ground running and the seasoned AGNP to keep current Marie Boltz PhD GNP BC FGSA FAAN Elouise Ross Eberly and Robert Eberly Endowed Professor Toss and Carol Nese College of Nursing Penn State University From the Foreword Written for Adult Gerontology Primary Care Nurse Practitioners faculty and students this primary text encompasses the full scope of AGNP primary care practice across multiple healthcare settings including telehealth The text emphasizes the best available evidence to promote person centered care quality improvement of care interprofessional collaboration and reducing healthcare costs The text delivers timely information about current healthcare initiatives in the U S including care coordination across the healthcare continuum interprofessional collaboration and accountable care organizations Disease focused chapters contain general and specific population based assessment and interprofessional care strategies to both common and complex health issues They offer consistent content on emergencies relevant social determinants of health and ethical dilemmas The text also prepares students for the administrative aspects of practice with information on the physical exam medications billing coding and documentation Concise accessible information is supported by numerous illustrations learning objectives quality and safety alerts clinical pearls and case studies demonstrating best practice A robust ancillary package includes an Instructor s Manual with case studies and teaching guides a Test Bank reflective of clinical situations and patient conditions PowerPoints covering key concepts and an Image Bank of skin conditions and other figures Key Features Covers several key courses in the curriculum for ease of teaching learning Embraces a broad population focus addressing specific care needs of adolescents through older adults Facilitates safe care coordination and reinforces best practices across various health care settings including telehealth Fosters understanding diagnosis and management of patients with multimorbid conditions Incorporates evidence based practice

information and guidelines throughout to ensure optimal informed patient care A robust ancillary package includes an Instructor's Manual a Test Bank PowerPoints and an Image Bank **ICD-10 Expert for Home Health and Hospice 2019** ,2018-10 The ICD 10 CM Expert for Home Health and Hospice with Guidelines include our hallmark features and format that make facing the challenge of accurate diagnosis coding easier Use the code book that contains the complete ICD 10 CM code set and the familiar Optum360 coding and reimbursement alerts for home health and hospice including color bars and symbols that identify diagnosis codes for clinical dimensions non routine supplies and non cancer hospice diagnoses

American Book Publishing Record ,1999 *ICD-10 Expert for Home Health and Hospice 2018* ,2017-09-20 The ICD 10 CM Expert for Home Health and Hospice with Guidelines include our hallmark features and format that make facing the challenge of accurate diagnosis coding easier Use the code book that contains the complete ICD 10 CM code set and the familiar Optum360 coding and reimbursement alerts for home health and hospice including color bars and symbols that identify diagnosis codes for clinical dimensions non routine supplies and non cancer hospice diagnoses **ICD-10 Expert for Home Health and Hospice with Guidelines 2021** ,2020-10 **ICD-10 Expert for Home Health and Hospice with Guidelines(spiral) 2022** ,2021-10 **Home Care Coding Specialist - Hospice (HCS-H) Certification Study Guide 2022** ,2021-10 The Home Care Coding Specialist Hospice HCS H Certification Study Guide 2022 will help prepare you to take the Home Care Coding Specialist Hospice HCS H certification examination offered by the Board of Medical Specialty Coding Compliance BMSC the credentialing arm of the Association of Home Care Coding Compliance AHCC You'll get tips and sample test questions to help you prepare for the exam With the Home Care Coding Specialist Hospice HCS H Certification Study Guide 2022 you will learn Key items to take note of from the ICD 10 CM conventions and guidelines including laterality sequelae and excludes notes How to sequence the diagnosis codes according to the terminal diagnosis Which diagnoses are appropriate on a hospice claim Plus the Home Care Coding Specialist Hospice HCS H Certification Study Guide 2022 includes Ethical and Legal Standards for coding professionals Questions for the Expert Coders have asked our experts about common coding problems Our experts provide answers and feedback that can guide you on the test Exam Outline See the concepts that will be tested on your home care coding hospice exam and make sure you're familiar with all of the topics outlined Coding tips You get valuable clues to the exam questions 20 practice questions Test yourself by applying what you've learned **2017 Reimbursement Guide for Hospice/Home Health** Find-A-Code,2016-09-01 Hospice and Home Health Services ICD-10-CM Coding For 2020 Find-A-Code,2019-09-02 Hospice and Home Health Services ICD-10-CM Coding For 2019 Find-A-Code,2019-09 ICD-10 Expert for Snf, Irf and Hospice 2019 ,2018-09 The ICD 10 CM Expert for SNF IRF and Inpatient Hospice with our hallmark features and format makes facing the challenge of accurate diagnosis coding easier Use the code book that contains the complete ICD 10 CM code set and the familiar Optum360 coding and reimbursement alerts for SNF IRF and hospice including color coding and symbols identifying diagnoses for RUG IV IRF

RIC hospice non cancer conditions and non routine supplies ICD-10 Expert for Snf, Irf and Hospice 2018 ,2017-09-20 The ICD 10 CM Expert for SNF IRF and Inpatient Hospice with our hallmark features and format makes facing the challenge of accurate diagnosis coding easier Use the code book that contains the complete ICD 10 CM code set and the familiar Optum360 coding and reimbursement alerts for SNF IRF and hospice including color coding and symbols identifying diagnoses for RUG IV IRF RIC hospice non cancer conditions and non routine supplies I10 HHC Cheat Sheet Jerry Gill,2016-09-05 Faster i10 coding for home health Fiscal year 2017 codes Created for clinicians and other non coders if you can read you can code General section plus new sections for PCP and neonatal patients and procedures Thousands of diagnoses pre coded Title Replaces i10 Cheat Sheet for Home Health Same book updated for fiscal year 2017 beginning Oct 1 2016 with more than double the codes ICD-10-CM Official Guidelines for Coding and Reporting - FY 2018 Centers for Medicare and Medicaid Services (CMS),National Center for Health Statistics (NCHS),2017-11 These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD 10 CM the American Hospital Association AHA the American Health Information Management Association AHIMA CMS and NCHS These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself The instructions and conventions of the classification take precedence over guidelines These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act HIPAA The diagnosis codes Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation code assignment and reporting of diagnoses and procedures These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported The importance of consistent complete documentation in the medical record cannot be overemphasized Without such documentation accurate coding cannot be achieved The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated The term encounter is used for all settings including hospital admissions In the context of these guidelines the term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient s diagnosis Only this set of guidelines approved by the Cooperating Parties is official The guidelines are organized into sections Section I includes the structure and conventions of the classification and general guidelines that apply to the entire classification and chapter specific guidelines that correspond to the chapters as they are arranged in the classification Section II includes guidelines for selection of principal diagnosis for non outpatient settings Section III includes guidelines for reporting additional diagnoses in non outpatient settings Section IV is for ICD 10 CM Official Guidelines for Coding and Reporting FY 2018 outpatient coding and

reporting It is necessary to review all sections of the guidelines to fully understand all of the rules and instructions needed to code properly

Buck's 2020 ICD-10-CM for Physicians Elsevier,2019-09-25 Selecting diagnosis codes is faster and easier with Buck's 2020 ICD 10 CM Physician Edition Designed by coders for coders this full color manual ensures you learn the most accurate billing and reimbursement codes for medical services provided in the physicians office and out patient settings As coders need extensive knowledge to code with ICD 10 CM and to choose from the thousands of possible codes this edition makes it easier with colorful Netter's Anatomy illustrations to help you understand anatomy and how it can affect your code choices In addition it comes with durable spiral binding and includes a companion website with the latest coding news and updates At a glance Guide to the Updates in the front of the book lists all new revised and deleted codes providing at a glance lookup of the coding changes Official Guidelines for Coding and Reporting OGCRs are listed in full in the Introduction at the beginning of each chapter and integrated within the code set providing easier reference to coding rules when they are needed most Unique Full color Netter's Anatomy art is included in a separate section for easy reference and cross referenced within the Tabular List of Diseases and Injuries to help users understand anatomy and how it may affect choosing codes Full color design includes consistent color coded symbols and text providing easier access to codes and coding information American Hospital Association's Coding Clinic citations include official ICD 10 CM coding advice relating to specific codes and their usage 182 illustrations provide visual orientation and enhance understanding of specific coding situations Items are included throughout the Tabular List to ensure accurate coding providing additional information on common diseases and conditions Additional elements within specific codes define terms and add coding instructions relating to difficult terminology diseases and conditions or coding in a specific category Symbols and highlights draw attention to codes that may require special consideration before coding including new revised and deleted Unacceptable Principle Diagnosis Codes that call for the use of additional character's Includes Excludes 1 and Excludes 2 Use Additional Unspecified Code First and Code Also Placeholder X symbol reminds you to assign placeholder X for codes less than 6 characters that require a 7th character Manifestation code symbol identifies conditions for which it is important to record both the etiology and the symptom of the disease Age and Sex edits from the Definition of Medicare Code Edits help to ensure accuracy by denoting codes that are used only with patients of a specific age or sex NEW Updated 2020 Official Code set reflects the latest ICD 10 codes needed for diagnosis coding NEW Symbol will identify diagnoses in the tabular list associated with HCC Hierarchical Condition Categories

Buck's 2020 ICD-10-CM for Hospitals Elsevier,2019-09-25 Selecting diagnosis codes is faster and easier with Buck's 2020 ICD 10 CM Hospital Edition Designed by coders for coders this full color manual includes all the ICD 10 codes that you need for today's inpatient coding As coders need extensive knowledge to code with ICD 10 CM and to choose from the thousands of possible codes this edition makes it easier with colorful Netter's Anatomy illustrations to help you understand anatomy and how it can affect your code choices In addition it comes with durable spiral

binding and includes a companion website with the latest coding news and updates At a glance Guide to the Updates in the front of the book lists all new revised and deleted codes providing at a glance lookup of the coding changes Official Guidelines for Coding and Reporting OGCRs are listed in full in the Introduction at the beginning of each chapter and integrated within the code set providing easier reference to coding rules when they are needed most Unique Full color Netter's Anatomy art is included in a separate section for easy reference and cross referenced within the Tabular List of Diseases and Injuries to help users understand anatomy and how it may affect choosing codes Full color design includes consistent color coded symbols and text providing easier access to codes and coding information American Hospital Association's Coding Clinic citations include official ICD 10 CM coding advice relating to specific codes and their usage 182 illustrations provide visual orientation and enhance understanding of specific coding situations Items are included throughout the Tabular List to ensure accurate coding providing additional information on common diseases and conditions Additional elements within specific codes define terms and add coding instructions relating to difficult terminology diseases and conditions or coding in a specific category Symbols and highlights draw attention to codes that may require special consideration before coding including new revised and deleted Unacceptable Principle Diagnosis Codes that call for the use of additional character's Includes Excludes 1 and Excludes 2 Use Additional Unspecified Code First and Code Also Placeholder X symbol reminds you to assign placeholder X for codes less than 6 characters that require a 7th character CC Complications Comorbidities and MCC Major CC symbols identify codes associated with the presence of secondary diagnoses from MS DRGs and call attention to CC and MCC exceptions Hospital Acquired Condition symbol clearly identifies conditions that will always be coded as hospital acquired Manifestation code symbol identifies conditions for which it is important to record both the etiology and the symptom of the disease Age and Sex edits from the Definition of Medicare Code Edits help to ensure accuracy by denoting codes that are used only with patients of a specific age or sex NEW Updated 2020 Official Code set reflects the latest ICD 10 codes needed for diagnosis coding NEW Symbol will identify diagnoses in the tabular list associated with HCC Hierarchical Condition Categories

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