

Hospice Medicare Billing Codes Sheet

Type of Bill (FL4)

As of: non hospital based As of: hospital based

B04: Refuse to Discharge (R00)	B01: 1st claim in series
B05: Revocation/Termination	B03: Continuing claim
B06: Change of provider	B04: Discharge claim
B07: Cancel SOC benefit period	B05: Late charges (phys/MF 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)

- 1: Emergency
- 2: Urgent
- 3: Elective
- 4: Trauma
- 5: Information not available

OP7002

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

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

- 01: Discharged-home, worked/unemployed
- 02: Still a patient
- 03: Expired at home
- 04: Expired at medical facility
- 05: Expired - postmortem
- 06: Discharged/terminated hospice - home (routine or OHC)
- 07: Discharged/terminated hospice - medical facility (regime or GP)

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

Condition Code (FL 18-26)

- 00: Discharge to care (on patient's facility)

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Occurrence Codes (FL 31-34)

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

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Occurrence Span Codes (FL 35-36)

- 01: Noncertified short-term stay certification
- 02: Multiple people stays from/through claim date

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

Description	CCRC	ARC	FISS
Change in dates of service	01	01	001
Change in charges	02	02	001
Change in revenue HCPCS code	03	03	001
Cancel to correct provider or HC	04	04	001
Cancel duplicate or OG payment	05	05	001
My utilization (if changed)	06	06	001
Change in patient status	07	07	001

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HCPCS Codes (FL 44)

For Discipline Lines (HC, HC1, HC2, HC3, HC4, HC5)

Q001: Physiotherapy	Q002: Occupational therapy
Q003: Speech/language pathology	Q004: Nursing services
Q005: Medical social services	Q006: Aide services

For Level of Care Lines (R01, R02, R03, R04)

Q001: Care provided in home
Q002: Care provided in assisted living facility
Q003: Care provided in LTC or nursing home (excluding skilled care)
Q004: Care provided in skilled nursing facility (excluding skilled care)
Q005: Care provided in psychiatric hospital
Q006: Care provided in psychiatric hospital (skilled)
Q007: Care provided in long-term care hospital
Q008: Care provided in psychiatric hospital (skilled)
Q009: Care provided in place of residence specified
Q010: Care provided in hospice facility (other than OHC)

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

Description	IS	IS
Medicare Part A	01	001
Medicare Part B	02	001
Medicare Part C (Medicare Advantage)	03	001
Medicare Part D	04	001
Medicare Part E	05	001
Medicare Part F	06	001
Medicare Part G	07	001
Medicare Part H	08	001
Medicare Part I	09	001
Medicare Part J	10	001
Medicare Part K	11	001
Medicare Part L	12	001
Medicare Part M	13	001
Medicare Part N	14	001
Medicare Part O	15	001
Medicare Part P	16	001
Medicare Part Q	17	001
Medicare Part R	18	001
Medicare Part S	19	001
Medicare Part T	20	001
Medicare Part U	21	001
Medicare Part V	22	001
Medicare Part W	23	001
Medicare Part X	24	001
Medicare Part Y	25	001
Medicare Part Z	26	001
Medicare Part AA	27	001
Medicare Part AB	28	001
Medicare Part AC	29	001
Medicare Part AD	30	001
Medicare Part AE	31	001
Medicare Part AF	32	001
Medicare Part AG	33	001
Medicare Part AH	34	001
Medicare Part AI	35	001
Medicare Part AJ	36	001
Medicare Part AK	37	001
Medicare Part AL	38	001
Medicare Part AM	39	001
Medicare Part AN	40	001
Medicare Part AO	41	001
Medicare Part AP	42	001
Medicare Part AQ	43	001
Medicare Part AR	44	001
Medicare Part AS	45	001
Medicare Part AT	46	001
Medicare Part AU	47	001
Medicare Part AV	48	001
Medicare Part AW	49	001
Medicare Part AX	50	001
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Medicare Part AZ	52	001
Medicare Part BA	53	001
Medicare Part BB	54	001
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Medicare Part BF	58	001
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Medicare Part BH	60	001
Medicare Part BI	61	001
Medicare Part BJ	62	001
Medicare Part BK	63	001
Medicare Part BL	64	001
Medicare Part BM	65	001
Medicare Part BN	66	001
Medicare Part BO	67	001
Medicare Part BP	68	001
Medicare Part BQ	69	001
Medicare Part BR	70	001
Medicare Part BS	71	001
Medicare Part BT	72	001
Medicare Part BU	73	001
Medicare Part BV	74	001
Medicare Part BW	75	001
Medicare Part BX	76	001
Medicare Part BY	77	001
Medicare Part BZ	78	001
Medicare Part CA	79	001
Medicare Part CB	80	001
Medicare Part CC	81	001
Medicare Part CD	82	001
Medicare Part CE	83	001
Medicare Part CF	84	001
Medicare Part CG	85	001
Medicare Part CH	86	001
Medicare Part CI	87	001
Medicare Part CJ	88	001
Medicare Part CK	89	001
Medicare Part CL	90	001
Medicare Part CM	91	001
Medicare Part CN	92	001
Medicare Part CO	93	001
Medicare Part CP	94	001
Medicare Part CQ	95	001
Medicare Part CR	96	001
Medicare Part CS	97	001
Medicare Part CT	98	001
Medicare Part CU	99	001
Medicare Part CV	00	001
Medicare Part CW	01	001
Medicare Part CX	02	001
Medicare Part CY	03	001
Medicare Part CZ	04	001
Medicare Part DA	05	001
Medicare Part DB	06	001
Medicare Part DC	07	001
Medicare Part DD	08	001
Medicare Part DE	09	001
Medicare Part DF	10	001
Medicare Part DG	11	001
Medicare Part DH	12	001
Medicare Part DI	13	001
Medicare Part DJ	14	001
Medicare Part DK	15	001
Medicare Part DL	16	001
Medicare Part DM	17	001
Medicare Part DN	18	001
Medicare Part DO	19	001
Medicare Part DP	20	001
Medicare Part DQ	21	001
Medicare Part DR	22	001
Medicare Part DS	23	001
Medicare Part DT	24	001
Medicare Part DU	25	001
Medicare Part DV	26	001
Medicare Part DW	27	001
Medicare Part DX	28	001
Medicare Part DY	29	001
Medicare Part DZ	30	001
Medicare Part EA	31	001
Medicare Part EB	32	001
Medicare Part EC	33	001
Medicare Part ED	34	001
Medicare Part EE	35	001
Medicare Part EF	36	001
Medicare Part EG	37	001
Medicare Part EH	38	001
Medicare Part EI	39	001
Medicare Part EJ	40	001
Medicare Part EK	41	001
Medicare Part EL	42	001
Medicare Part EM	43	001
Medicare Part EN	44	001
Medicare Part EO	45	001
Medicare Part EP	46	001
Medicare Part EQ	47	001
Medicare Part ER	48	001
Medicare Part ES	49	001
Medicare Part ET	50	001
Medicare Part EU	51	001
Medicare Part EV	52	001
Medicare Part EW	53	001
Medicare Part EX	54	001
Medicare Part EY	55	001
Medicare Part EZ	56	001
Medicare Part FA	57	001
Medicare Part FB	58	001
Medicare Part FC	59	001
Medicare Part FD	60	001
Medicare Part FE	61	001
Medicare Part FF	62	001
Medicare Part FG	63	001
Medicare Part FH	64	001
Medicare Part FI	65	001
Medicare Part FJ	66	001
Medicare Part FK	67	001
Medicare Part FL	68	001
Medicare Part FM	69	001
Medicare Part FN	70	001
Medicare Part FO	71	001
Medicare Part FP	72	001
Medicare Part FQ	73	001
Medicare Part FR	74	001
Medicare Part FS	75	001
Medicare Part FT	76	001
Medicare Part FU	77	001
Medicare Part FV	78	001
Medicare Part FW	79	001
Medicare Part FX	80	001
Medicare Part FY	81	001
Medicare Part FZ	82	001
Medicare Part GA	83	001
Medicare Part GB	84	001
Medicare Part GC	85	001
Medicare Part GD	86	001
Medicare Part GE	87	001
Medicare Part GF	88	001
Medicare Part GG	89	001
Medicare Part GH	90	001
Medicare Part GI	91	001
Medicare Part GJ	92	001
Medicare Part GK	93	001
Medicare Part GL	94	001
Medicare Part GM	95	001
Medicare Part GN	96	001
Medicare Part GO	97	001
Medicare Part GP	98	001
Medicare Part GQ	99	001
Medicare Part GR	00	001
Medicare Part GS	01	001
Medicare Part GT	02	001
Medicare Part GU	03	001
Medicare Part GV	04	001
Medicare Part GW	05	001
Medicare Part GX	06	001
Medicare Part GY	07	001
Medicare Part GZ	08	001
Medicare Part HA	09	001
Medicare Part HB	10	001
Medicare Part HC	11	001
Medicare Part HD	12	001
Medicare Part HE	13	001
Medicare Part HF	14	001
Medicare Part HG	15	001
Medicare Part HH	16	001
Medicare Part HI	17	001
Medicare Part HJ	18	001
Medicare Part HK	19	001
Medicare Part HL	20	001
Medicare Part HM	21	001
Medicare Part HN	22	001
Medicare Part HO	23	001
Medicare Part HP	24	001
Medicare Part HQ	25	001
Medicare Part HR	26	001
Medicare Part HS	27	001
Medicare Part HT	28	001
Medicare Part HU	29	001
Medicare Part HV	30	001
Medicare Part HW	31	001
Medicare Part HX	32	001
Medicare Part HY	33	001
Medicare Part HZ	34	001
Medicare Part IA	35	001
Medicare Part IB	36	001
Medicare Part IC	37	001
Medicare Part ID	38	001
Medicare Part IE	39	001
Medicare Part IF	40	001
Medicare Part IG	41	001
Medicare Part IH	42	001
Medicare Part II	43	001
Medicare Part IJ	44	001
Medicare Part IK	45	001
Medicare Part IL	46	001
Medicare Part IM	47	001
Medicare Part IN	48	001
Medicare Part IO	49	001
Medicare Part IP	50	001
Medicare Part IQ	51	001
Medicare Part IR	52	001
Medicare Part IS	53	001
Medicare Part IT	54	001
Medicare Part IU	55	001
Medicare Part IV	56	001
Medicare Part IW	57	001
Medicare Part IX	58	001
Medicare Part IY	59	001
Medicare Part IZ	60	001
Medicare Part JA	61	001
Medicare Part JB	62	001
Medicare Part JC	63	001
Medicare Part JD	64	001
Medicare Part JE	65	001
Medicare Part JF	66	001
Medicare Part JG	67	001
Medicare Part JH	68	001
Medicare Part JI	69	001
Medicare Part JJ	70	001
Medicare Part JK	71	001
Medicare Part JL	72	001
Medicare Part JM	73	001
Medicare Part JN	74	001
Medicare Part JO	75	001
Medicare Part JP	76	001
Medicare Part JQ	77	001
Medicare Part JR	78	001
Medicare Part JS	79	001
Medicare Part JT	80	001
Medicare Part JU	81	001
Medicare Part JV	82	001
Medicare Part JW	83	001
Medicare Part JX	84	001
Medicare Part JY	85	001
Medicare Part JZ	86	001
Medicare Part KA	87	001
Medicare Part KB	88	001
Medicare Part KC	89	001
Medicare Part KD	90	001
Medicare Part KE	91	001
Medicare Part KF	92	001
Medicare Part KG	93	001
Medicare Part KH	94	001
Medicare Part KI	95	001
Medicare Part KJ	96	001
Medicare Part KK	97	001
Medicare Part KL	98	001
Medicare Part KM	99	001
Medicare Part KN	00	001
Medicare Part KO	01	001
Medicare Part KP	02	001
Medicare Part KQ	03	001
Medicare Part KR	04	001
Medicare Part KS	05	001
Medicare Part KT	06	001
Medicare Part KU	07	001
Medicare Part KV	08	001
Medicare Part KW	09	001
Medicare Part KX	10	001
Medicare Part KY	11	001
Medicare Part KZ	12	001
Medicare Part LA	13	001
Medicare Part LB	14	001
Medicare Part LC	15	001
Medicare Part LD	16	001
Medicare Part LE	17	001
Medicare Part LF	18	001
Medicare Part LG	19	001
Medicare Part LH	20	001
Medicare Part LI	21	001
Medicare Part LJ	22	001

Hospice Diagnosis Codes Cheatsheet

RJ Shavelson

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Table of Contents Hospice Diagnosis Codes Cheatsheet

1. Understanding the eBook Hospice Diagnosis Codes Cheatsheet
 - The Rise of Digital Reading Hospice Diagnosis Codes Cheatsheet
 - Advantages of eBooks Over Traditional Books
2. Identifying Hospice Diagnosis Codes Cheatsheet
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Hospice Diagnosis Codes Cheatsheet
 - User-Friendly Interface
4. Exploring eBook Recommendations from Hospice Diagnosis Codes Cheatsheet

- Personalized Recommendations
- Hospice Diagnosis Codes Cheatsheet User Reviews and Ratings
- Hospice Diagnosis Codes Cheatsheet and Bestseller Lists
- 5. Accessing Hospice Diagnosis Codes Cheatsheet Free and Paid eBooks
 - Hospice Diagnosis Codes Cheatsheet Public Domain eBooks
 - Hospice Diagnosis Codes Cheatsheet eBook Subscription Services
 - Hospice Diagnosis Codes Cheatsheet Budget-Friendly Options
- 6. Navigating Hospice Diagnosis Codes Cheatsheet eBook Formats
 - ePub, PDF, MOBI, and More
 - Hospice Diagnosis Codes Cheatsheet Compatibility with Devices
 - Hospice Diagnosis Codes Cheatsheet Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Hospice Diagnosis Codes Cheatsheet
 - Highlighting and Note-Taking Hospice Diagnosis Codes Cheatsheet
 - Interactive Elements Hospice Diagnosis Codes Cheatsheet
- 8. Staying Engaged with Hospice Diagnosis Codes Cheatsheet
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Hospice Diagnosis Codes Cheatsheet
- 9. Balancing eBooks and Physical Books Hospice Diagnosis Codes Cheatsheet
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Hospice Diagnosis Codes Cheatsheet
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Hospice Diagnosis Codes Cheatsheet
 - Setting Reading Goals Hospice Diagnosis Codes Cheatsheet
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Hospice Diagnosis Codes Cheatsheet

- Fact-Checking eBook Content of Hospice Diagnosis Codes Cheatsheet
- Distinguishing Credible Sources

13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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