

# 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 <sup>st</sup> claim in series       |
| B05: Revocation/Termination    | B02: Continuing claim                      |
| B06: Change of hospice         | B04: Discharge claim                       |
| B07: Cancel SOC benefit period | B03: 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](http://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 OHC)
- Discharged/terminated/hospice - medical facility (routine or OHC)

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

## Condition Code (FL 18-26)

- 40 Discharge to care (on patient's facility)

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

| Description                      | CCRC | ARC | TSR |
|----------------------------------|------|-----|-----|
| Change in dates of service       | 01   | 84  | 007 |
| Change in charges                | 01   | 76  | 007 |
| Change in revenue HCPCS code     | 02   | 74  | 007 |
| Cancel to correct provider or HC | 03   | 75  | 003 |
| Cancel duplicate or OIG payment  | 04   | 75  | 003 |
| My identifier is changed         | 05   | 74  | 007 |
| Change in patient status         | 06   | 76  | 007 |

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## 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 continuously certified
- Multiple people stays from To/From if both stay

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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 (HC, HC1, HC2, HC3)

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

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## 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                         |    | C   |
| Medicaid                         |    | F   |

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## Status/Location Codes (FISS only)

|                                                                |
|----------------------------------------------------------------|
| F0000: Patient has claim approval/paid                         |
| F0001: Processed SOC or paid claim (full or partial)           |
| F0002: Invalid date (all CPT services claiming)                |
| F0003: Repeated claim (duplicate, duplicate or illegitimate)   |
| F0004: Denied claim (initially denied/revoked, may appeal)     |
| F0005: Reimbursement (FTP) available for 30 months             |
| F0006: Claim temporarily suspended, no provider appeal needed  |
| F0007: ADR claim (admit medical information within 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 |

## Revenue Codes (FL40)

|                                          |                                 |
|------------------------------------------|---------------------------------|
| 901: Total nursing charges               | 901: Home health aide visit     |
| 902: Physical therapy                    | 902: General home health care   |
| 903: Occupational therapy                | 903: Routine home care          |
| 904: Speech/language path.               | 904: Continuous home care       |
| 905: Qualified nursing visit             | 905: Respiratory care           |
| 906: Medical social services visit       | 906: General patient care (OHC) |
| 907: Medical social services (home call) | 907: Physician services         |
|                                          | 908: (Hired) room & board       |

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

Web Site Reference - CMS Pub. 100

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



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](http://www.nubc.org)

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# Hospice Diagnosis Codes Cheatsheet

**Michael Brown**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the author's name.

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