

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 hospice	B04: Discharge claim
B07: Cancel hospice benefit period	B05: Late charges (physician charges only)
B08: Nonpayment claim	B07: Adjustment claim
B09: Admitted to discharge	B09: Cancellation

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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 (regular 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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Claim Change Reason Code (CCRC) (FL 18-28) & Adjustment Reason Code (ARC) (FISS only)

Description	CCRC	ARC	TSR
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 administrative change(s)	06	06	001
Change in patient status	07	07	001

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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 but monthly certification
- 02: 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 (R01, R02, R03, R04)

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 (other than OHC)

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

Description	IS	IS
Workgroup	01	001
Open	02	001
No fault (patient only involved)	03	001
Waived Compensation	04	001
Public Health Facilities Program	05	001
Drugged	06	001
Black lung	07	001
Severely Maimed	08	001
Liability (other than involved)	09	001
Conditional Payment	10	001
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: Initial date (all CPT services claimable)
F0003: Revised claim (date of first, duplicate or subsequent)
F0004: Denied claim (date of denial) (date of denial may appeal)
F0005: Reimbursement (FTP) (available for 30 months)
F0006: Claim temporarily suspended, no provider appeal needed
F0007: ADR claim (date of medical determination) (30 days)
F0008: Claim in medical review
F0009: Claim at Center for Health Policy and Research (CHPR)
F0010: Suspended for Medicare staff intervention (SUSPENDED)

Revenue Codes (FL40)

901: Total nursing charges	901: Home health aide visit
902: Physical therapy	902: General inpatient (general)
903: Occupational therapy	903: Routine home care
904: Speech/language path.	904: Continuous home care
905: Skilled nursing visit	905: Respiratory care
906: Medical social services visit	906: General inpatient care (GP)
907: Medical social services (home visit)	907: Physician services
	908: (Other) visit (e.g. board)

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Web Site Reference - CMS Pub. 100

<http://www.cms.gov/Manuals/100/100.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

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