

Hospice Medicare Billing Codes Sheet

Type of Bill (FL4) X=1 non hospital based + X=2 hospital based			
EXA	Notice of Election (NOE)	EX2	1st claim in series
EXB	Revocation/Termination	EX3	Continuing claim
EXC	Change of hospice	EX4	Discharge claim
EXD	Cancel NOE/benefit period	EX7	Adjustment claim
EXE	Nonpayment claim	EX8	Cancel claim
EX1	Admit thru discharge		

CMS Pub. 100-04, Chapter 11, Section 30.1.2 & 30.3

Type of Admission (FL14)				
1	Emergency	3	Elective	9 Information not available
2	Urgent	5	Trauma	

CMS Pub. 100-04, Chapter 25, Section 75.1

Point of Origin (Source of Admission) (FL15)			
1	Non-health care facility	6	Transfer from Another Health Care Facility
2	Clinic or physician's office		
4	Transfer from hospital	8	Court/Law Enforcement
5	Transfer from SNF or ICF	9	Information not available

CMS Pub. 100-04, Chapter 25, Section 75.1

Patient Status (FL17) as of "To" date on claim	
01	Discharged to home, revoked, or decertified
30	Still a patient ("To" date must be last day of month)
40	Expired at home (see occurrence code 55)
41	Expired at medical facility (see occurrence code 55)
42	Expired - place unknown (see occurrence code 55)
50	Discharged/transferred to hospice - home (routine or CHC)
51	Discharged/transferred to hospice - medical facility (respite or GIP)

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

Website Reference - CMS Pub. 100-[100](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html) <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>

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Condition Code (FL 18-20)	
H2	Discharge for cause (i.e. patient/staff safety)
S2	Discharge for patient unavailability, inability to receive care, or out of service area

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

Claim Change Reason Code (CCRC) (FL 18-20) & Adjustment Reason Code (ARC) (FIS only)			
Description	CCRC	ARC	TOB
Change in dates of service	D0	RF	EX7
Change in charges	D1	RG	EX7
Change in revenue/HCPCS code	D2	RH	EX7
Cancel to correct provider #/NOC	D5	RI	EX8
Cancel duplicate or OIG payment	D6	RJ	EX8
Any other/multiple change(s)	D9	RM	EX7
Change in patient status	EO	RN	EX7

CMS Pub. 100-04, Chapter 1, Section 130.1.2.1

Occurrence Codes (FL 31-34)	
27	Date of certification or recertification
42	Date of revocation (ONLY)
55	Date of death (when patient status = 40, 41 or 42)

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

Occurrence Span Codes (FL 35-36)	
77	Noncovered days due to untimely recertification (Not for FTF)
M2	Multiple respite stays, From/To dates of each stay

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

NOTE: The codes listed on this billing codes sheet represent those most frequently submitted on hospice NOE/claims. A complete listing of all codes is accessible from the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual: <http://www.nubc.org>



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