

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 NCC 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)

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Condition Code (FL 18-26)

- Discharge to care (inpatient/outpatient)

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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 OG payment	04	75	003
My administrative change(s)	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 monthly certification
- 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 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 (routine or CHC)

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

Description	IS	IS
Workgroup	01	100
Open	02	100
No fault (patient only involved)	03	100
Shared Compensation	04	100
Public Health Incident Report	05	100
Drugged	06	100
Black Lung	07	100
Severe's Nervousness	08	100
Liberty/Security Incident	09	100
Conditional Payment	On other dates	C
Medicare		T

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Status/ Location Codes (FISS only)

F0000: Patient has claim approval/payment
F0001: Processed NCC or paid claim (full or partial)
F0002: Initial date (all CPT services claimable)
F0003: Revised claim (date of change, application of change)
F0004: Denied claim (date of denial, reason for denial, may appeal)
F0005: Reimbursement (FTP) available for 30 months
F0006: Claim temporarily suspended, no provider appeal needed
F0007: ADR claim (date of medical review/claimant's 30 days)
F0008: Claim in medical review
F0009: Claim at Center for Policy and Research, 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 inpatient (skilled)
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 (CHC)
907: Medical social services (home visit)	907: Physician services
	908: Skilled nursing visit (skilled)

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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

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