

# 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

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)

- Discharge to care (on patient's facility)

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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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## Claim Change Reason Code (CCRC) (FL 18-26) & Adjustment Reason Code (ARC) (FISS only)

Description	CCRC	ARC	FISS
Change in dates of service	01	84	001
Change in charges	01	76	001
Change in revenue HCPCS code	02	74	001
Cancel to correct provider or HC	03	75	003
Cancel duplicate or OIG payment	04	75	003
My identifier is changed	05	74	001
Change in patient status	06	76	001

CMS Pub. 100-04, Chapter 11, Section 30 L2.1

## HCPCS Codes (FL 44)

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

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 facility
Q007: Care provided in long-term care facility
Q008: Care provided in psychiatric hospital
Q009: Care provided in psychiatric facility
Q010: Care provided in place of residence specified
Q011: 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
Workgroup	01	000
Open	02	000
No fault (patient only involved)	03	000
Shared Compensation	04	000
Public Health Facilities Program	05	000
Disputed	06	000
Black Lung	07	000
Severely Injured	08	000
Liability (patient 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: Initial date paid (SPR or other claimant)
F0003: Rejected claim (claimant's rights, application or eligibility)
F0004: Denied claim (initially denied/terminated, may appeal)
F0005: Rejected/Provisional (FTP) (available for 30 months)
F0006: Claim temporarily suspended, no provider approval needed
F0007: ADR claim (admit medical information within 30 days)
F0008: Claim in medical review
F0009: Claim at Center for Policy and Research (CPR) (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 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 inpatient care (OHC)
907: Medical social services (home visit)	907: Physician services
	908: Skilled nursing care
	909: Skilled nursing care (OHC)

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

**ML Morrison**



## **Hospice Diagnosis Codes Cheatsheet:**

## Unveiling the Magic of Words: A Overview of "**Hospice Diagnosis Codes Cheatsheet**"

In some sort of defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their power to kindle emotions, provoke contemplation, and ignite transformative change is actually awe-inspiring. Enter the realm of "**Hospice Diagnosis Codes Cheatsheet**," a mesmerizing literary masterpiece penned with a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve to the book is central themes, examine its distinctive writing style, and assess its profound impact on the souls of its readers.

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