

Hospice Medicare Billing Codes Sheet

Type of Bill (FL4)

1-1 Non hospital based 2-2 Hospital based

B04: Refuse to Discharge (R00)	B07: 1st claim in series
B05: Revocation/Termination	B08: Continuing claim
B06: Change of hospice	B09: Discharge claim
B07: Cancel SOC benefit period	B10: Late charges (physician charges only)
B08: Nonpayment claim	B09: Adjustment claim
B09: Admitted/discharge	B10: Cancellation

CMS Pub. 100-04, Chapter 11, Section 20 L2A-BL2

Type of Admission (FL14)

- 1 Emergency
- 2 Urgent
- 3 Elective
- 4 Trauma
- 5 Information not available

OP7002

www.cms.gov/Transmittals/downloads/OP7002.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 (routine or OHC)
- 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 18-25) & Adjustment Reason Code (ARC) (F155 only)

Description	CCRC	ARC	TR
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 NHC	04	04	001
Cancel duplicate or OIG payment	05	05	001
My identifier is changed	06	06	001
Change in patient status	07	07	001

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

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/terminated/terminated
- 02 Multiple people stays from/terminated/terminated

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HCPCS Codes (FL 44)

For Discipline Lines (HC, HC1, HC2, HC3, HC4, HC5)

Q001: Physical therapy	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 (skilled or OHC)

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

Web Site Reference - CMS Pub. 100

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

MSP Value Codes (FL 39-41) & Payer Codes (F155 only)

Description	IS	IS
Medicare/Medicaid	01	001
Other	02	001
Not Paid (patient's responsibility)	03	001
Medicaid/Compensation	04	001
Public Health/Health Insurance	05	001
Disputed	06	001
Black Lung	07	001
Warrior's Memorial	08	001
Liability/Insurance involved	09	001
Conditional Payment	10	001
Medicare		0

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Status/Location Codes (F155 only)

F0000: Patient has claim approval/paid
F0001: Processed SOC or part claim (full or partial)
F0002: Initial claim (not OHC or other claim)
F0003: Revised claim (change of date, location or diagnosis)
F0004: Denied claim (initially denied/terminated, may appeal)
F0005: Reimbursement (FTP) available for 30 months
F0006: Claim temporarily suspended, no further action needed
F0007: ADR claim (admit medical/nursing services 30 days)
F0008: Claim in medical review
F0009: Claim at Center for Medicare Payment (CMR) 30 months in
F0010: Suspended for Medicare staff intervention, 30 months in



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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Hospice Diagnosis Codes Cheatsheet

Camilla Rothe

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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Table of Contents Hospice Diagnosis Codes Cheatsheet

1. Understanding the eBook Hospice Diagnosis Codes Cheatsheet
 - The Rise of Digital Reading Hospice Diagnosis Codes Cheatsheet
 - Advantages of eBooks Over Traditional Books
2. Identifying Hospice Diagnosis Codes Cheatsheet
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Hospice Diagnosis Codes Cheatsheet
 - User-Friendly Interface
4. Exploring eBook Recommendations from Hospice Diagnosis Codes Cheatsheet
 - Personalized Recommendations
 - Hospice Diagnosis Codes Cheatsheet User Reviews and Ratings
 - Hospice Diagnosis Codes Cheatsheet and Bestseller Lists
5. Accessing Hospice Diagnosis Codes Cheatsheet Free and Paid eBooks
 - Hospice Diagnosis Codes Cheatsheet Public Domain eBooks
 - Hospice Diagnosis Codes Cheatsheet eBook Subscription Services
 - Hospice Diagnosis Codes Cheatsheet Budget-Friendly Options
6. Navigating Hospice Diagnosis Codes Cheatsheet eBook Formats

- ePub, PDF, MOBI, and More
- Hospice Diagnosis Codes Cheatsheet Compatibility with Devices
- Hospice Diagnosis Codes Cheatsheet Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Hospice Diagnosis Codes Cheatsheet
 - Highlighting and Note-Taking Hospice Diagnosis Codes Cheatsheet
 - Interactive Elements Hospice Diagnosis Codes Cheatsheet
- 8. Staying Engaged with Hospice Diagnosis Codes Cheatsheet
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Hospice Diagnosis Codes Cheatsheet
- 9. Balancing eBooks and Physical Books Hospice Diagnosis Codes Cheatsheet
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Hospice Diagnosis Codes Cheatsheet
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Hospice Diagnosis Codes Cheatsheet
 - Setting Reading Goals Hospice Diagnosis Codes Cheatsheet
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Hospice Diagnosis Codes Cheatsheet
 - Fact-Checking eBook Content of Hospice Diagnosis Codes Cheatsheet
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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