

# Hospice Medicare Billing Codes Sheet

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

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

Type of Admission (FL14)				
<b>1</b>	Emergency	<b>3</b>	Elective	Information not available
<b>2</b>	Urgent	<b>5</b>	Trauma	

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

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

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

Patient Status (FL17) as of "To" date on claim	
<b>01</b>	Discharged to home, revoked, or decertified
<b>30</b>	Still a patient ("To" date must be last day of month)
<b>40</b>	Expired at home (see occurrence code 55)
<b>41</b>	Expired at medical facility (see occurrence code 55)
<b>42</b>	Expired - place unknown (see occurrence code 55)
<b>50</b>	Discharged/transferred to hospice - home (routine or CHC)
<b>51</b>	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 18-28)	
<b>H2</b>	Discharge for cause (i.e. patient/staff safety)
<b>S2</b>	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 18-28) & 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	E0	RN	EX7

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

Occurrence Codes (FL 31-34)	
<b>27</b>	Date of certification or recertification
<b>42</b>	Date of revocation (ONLY)
<b>55</b>	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)	
<b>77</b>	Noncovered days due to untimely recertification (Not for FTF)
<b>M2</b>	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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# Medicare Hospice Billing Manual

**Arturo Cuomo**



## **Medicare Hospice Billing Manual:**

The book delves into Medicare Hospice Billing Manual. Medicare Hospice Billing Manual is an essential topic that must be grasped by everyone, from students and scholars to the general public. The book will furnish comprehensive and in-depth insights into Medicare Hospice Billing Manual, encompassing both the fundamentals and more intricate discussions.

1. This book is structured into several chapters, namely:
    - Chapter 1: Introduction to Medicare Hospice Billing Manual
    - Chapter 2: Essential Elements of Medicare Hospice Billing Manual
    - Chapter 3: Medicare Hospice Billing Manual in Everyday Life
    - Chapter 4: Medicare Hospice Billing Manual in Specific Contexts
    - Chapter 5: Conclusion
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