

Hospice Medicare Billing Codes Sheet

Type of Bill (FLB) (1st 4 digits hospital benefit or 2nd hospital benefit)			
80A	Notice of Election (NOE)	803	1st date of service
80B	Notice of Termination/Revocation (NOTR)	803	Continuing claim
80C	Change of hospice	804	Discharge claim
80D	Cancel NOE/benefit period	807	Adjustment claim
80E	Nonpayment claim	809	Cancel claim
80J	Admit thru discharge		

CMS Pub. 100-04, Chapter 11, Section 30.1.2 & 30.1

Type of Admission (FL14)			
1	Emergency	3	Elective
2	Urgent	4	Trauma
		9	Information not available

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

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

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

Patient Status (FL7) (as of "To" date on claim)	
04	Discharged to home, resited, or deceased
05	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 - (date unknown) (see occurrence code 55)
50	Discharged/Transferred to hospice - home (reside or CHC)
51	Discharged/Transferred to hospice - medical facility (reside or GIP)

CMS Pub. 100-04, Chapter 11, Section 30.1

Rebate Reference - CMS Pub. 100-04: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Information-Only-Manuals-IOBs.html>

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

CMS Pub. 100-04, Chapter 11, Section 30.1

Date Change Reason Code (DORC) (FL 18-20) & Adjustment Reason Code (ARC) (DORC only)			
Description	DORC	ARC	TOB
Change in dates of service	08	RP	0X7
Change in charges	01	R10	0X7
Change in revenue/HOPEC code	02	R11	0X7
Cancel/correct provider NPI/C	05	R1	0X3
Cancel/duplicate or OIG payment	06	R1	0X3
Any other multiple change(s)	09	R10	0X7
Change in patient status	03	R11	0X7

CMS Pub. 100-04, Chapter 1, Section 100.1.2.1

Occurrence Codes (FL 31-34)	
25	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 30.1

Occurrence Span Codes (FL 35-36)	
77	Uncovered days due to untimely recertification OR untimely MOE
81	Multiple single days. From/To dates of each day

CMS Pub. 100-04, Chapter 11, Section 30.1

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 UB-04 Data Specifications Manual <http://www.nubc.org>



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Medicare Hospice Diagnosis Codes

Herman Vernon Riddle



Medicare Hospice Diagnosis Codes:

Federal Register ,2013-08 **20 Common Problems: End-of-Life Care** Barry M. Kinzbrunner,Neal J. Weinreb,2002

This user friendly guide offers you practical direct answers for the difficult and little taught questions that arise when providing care for the dying Features Perspectives of patients families and other health care professionals as well as physicians Solution oriented coverage on preparing patients managing symptoms and handling legal ethical issues near the end of life Guidance on timing when is end of life care needed Breaking bad news how to inform the patient Useful current guidelines on the treatment of pain dyspnea skin and mucus membrane problems gastrointestinal conditions and other common symptoms near the end of life In depth discussion of end of life controversies including advance directives and resuscitation nutritional support and parenteral hydration and physician assisted suicide How to assess quality of life near its end Practical help with end of life care for special groups such as HIV and pediatric patients Guidance on bereavement depression and other psychosocial and spiritual issues at the end of life Suggestions on benefiting from interdisciplinary teamwork What every clinician needs to know about the last days of the actively dying *Medicare and Medicaid Guide*

,1969 **CURRENT Geriatric Diagnosis and Treatment** Charles Seth Landefeld,C. Seth Landefeld,2004-03-24 Provides up to date expert and accessible diagnostic and treatment information on the most common health problems among elderly

The Practical CCM Study Guide Herman Vernon Riddle, Prepare for the Certified Case Manager examination with this practical study guide built around real world clinical scenarios and extensive practice testing This comprehensive resource covers all six CCM exam domains while connecting theory to actual case management practice through detailed patient cases that demonstrate how concepts apply in complex healthcare situations Five Comprehensive Clinical Scenarios This study guide features five in depth clinical scenarios that bring case management concepts to life Complex Care Transitions Follow a 72 year old patient with multiple chronic conditions through hip fracture recovery post acute care placement home transition and readmission prevention Learn to coordinate care across settings address caregiver burden manage complex medication regimens and navigate insurance coverage for skilled nursing and home health services Workers Compensation Coordination Experience return to work planning for an injured nursing assistant with lumbar strain complicated by fear avoidance behaviors depression and employer resistance to modified duty Master functional capacity evaluation interpretation employer engagement strategies and psychosocial intervention for delayed recovery Behavioral Health Integration Navigate care for a patient with poorly controlled diabetes major depression chronic pain and alcohol use disorder in remission Discover how motivational interviewing builds engagement with reluctant patients and how addressing mental health transforms chronic disease outcomes Pediatric to Adult Transition Guide a 19 year old college freshman with sickle cell disease through healthcare transition challenges including self advocacy skill development emergency department stigma insurance navigation and shifting family dynamics as a devoted mother learns to step back End of Life Care

Coordination Facilitate goals of care conversations and hospice transition for a patient with metastatic lung cancer navigating family conflict advance directive completion home death planning and ethical considerations in terminal illness Each scenario includes detailed patient profiles comprehensive assessments intervention planning challenges encountered problem solving approaches outcomes achieved and teaching points connecting to examination content These scenarios develop the clinical reasoning and practical judgment that distinguish excellent case managers Complete Domain Coverage This study guide addresses every area tested on the CCM examination with content proportional to actual exam weighting Care Delivery and Reimbursement Methods Medicare Parts A B C and D coverage and eligibility Medicaid and dual eligible populations Managed care models and utilization management Post acute care settings including skilled nursing facilities inpatient rehabilitation long term acute care and home health Payment methodologies including DRGs capitation and bundled payments Workers compensation systems Prior authorization and appeals processes Value based care and accountable care organizations Psychosocial Concepts and Support Systems Comprehensive psychosocial assessment approaches Validated screening tools for depression anxiety substance use and caregiver burden Cultural competency and health literacy Social determinants of health including housing food security and transportation Motivational interviewing techniques Stages of change model application Grief loss and adjustment to illness Trauma informed care principles Building social support and community connections Quality Outcomes Evaluation and Measurement Donabedian model of structure process and outcome Quality improvement methodologies including PDSA Lean and Six Sigma Risk stratification and predictive modeling HEDIS measures and CAHPS surveys Accreditation standards from URAC NCQA and Joint Commission Root cause analysis and failure mode effects analysis Patient safety culture and high reliability organizations Evidence based practice integration Care transitions quality measurement Rehabilitation Concepts and Strategies Functional assessment using FIM Barthel Index and Lawton IADL scales Rehabilitation team composition and roles Physical therapy occupational therapy and speech language pathology scopes Vocational rehabilitation and return to work planning Functional capacity evaluations ADA requirements and reasonable accommodations Chronic disease self management programs Assistive technology and environmental modifications Work hardening and transitional duty programs Ethical and Legal Practice Standards Core ethical principles including autonomy beneficence nonmaleficence justice fidelity and veracity HIPAA Privacy and Security Rules Informed consent requirements Advance directives including living wills healthcare proxies and POLST forms Scope of practice boundaries Mandatory reporting obligations Professional boundaries and conflicts of interest Documentation standards and legal considerations Patient rights and self determination Risk management strategies Case Management Principles and Processes Case management process from identification through evaluation Comprehensive assessment methodologies Care plan development with SMART goals Care coordination across settings and providers Discharge planning and transitions of care Medication reconciliation practices Patient engagement and activation strategies

Interdisciplinary collaboration and communication Telephonic and field based case management models Disease management and population health approaches Case closure criteria and professional development 720 Practice Questions with Detailed Rationales Four complete 180 question practice examinations provide extensive opportunity to test knowledge and build examination confidence Questions mirror the format difficulty and content distribution of the actual CCM test with answers distributed across all options for realistic test taking experience Every question includes detailed 100 word answer rationales explaining why the correct answer is right why other options fall short clinical context for application relevant regulations or standards and connections to related concepts These comprehensive explanations reinforce learning and help identify areas needing additional review Practice questions test application and analysis not just recall Scenario based questions require integration of multiple concepts preparing readers for the critical thinking demanded on examination day and in clinical practice Practical Examination Strategies Beyond content knowledge this guide provides practical strategies for examination success including effective approaches to question analysis time management techniques for the three hour test methods for eliminating wrong answers and strategies for handling difficult questions These test taking skills complement content knowledge for optimal performance Who Benefits from This Book This resource serves registered nurses social workers rehabilitation counselors and other healthcare professionals preparing for initial CCM certification The practical approach grounds learning in realistic situations that resonate with clinical experience Certified case managers seeking recertification review will find comprehensive content refresher with clinical scenarios that reinforce application Students in case management programs gain foundational knowledge aligned with certification standards Healthcare professionals transitioning into case management roles develop essential competencies through realistic examples Evidence Based Foundation Content reflects current evidence based practice guidelines professional standards from the Commission for Case Manager Certification and Case Management Society of America and applicable regulatory requirements Clinical scenarios demonstrate application of best practices in diverse settings and populations From Study to Practice This guide prepares readers not just for an examination but for effective case management practice The five comprehensive clinical scenarios demonstrate the complexity problem solving and judgment required in real world case management Each scenario addresses multiple domains simultaneously reflecting how actual cases integrate knowledge across areas Concepts translate directly to patient care situations The ethical dilemmas family dynamics system navigation challenges and coordination demands portrayed in these scenarios mirror what case managers encounter daily The knowledge gained serves throughout your case management career Build systematic understanding across all examination domains Learn from detailed clinical scenarios that demonstrate practical application Practice with 720 realistic questions reflecting actual test format Develop clinical reasoning through comprehensive answer rationales Approach the CCM certification examination prepared confident and ready to succeed

Report to the Congress, Medicare Payment Policy Medicare Payment Advisory

Commission,2002 Hospital Billing Cynthia Newby,2004 This practical text workbook uses Medisoft s Just Claims software to teach students the basics of filing computerized hospital claims including the UB 92 Content focuses on hospital billing flow elements required to complete the UB 92 form variations of form completion requirements compliance and using the computer to complete the form Each chapter features tutorial information hands on computer practice problems objective end of chapter activities and computer problems Software is available to instructors who adopt the book **Physicians Fee & Coding Guide** ,2008 Medical Assistance and General Assistance Medical Care Provider Manual ,1989 Caring ,1982 **Florida Administrative Register** ,2009-03 Code of Federal Regulations, Title 42, Public Health, PT. 400-413, Revised as of October 1, 2016 Office Of The Federal Register (U S,Office of the Federal Register (U S),National Archives and Records Administration (U S,National Archives and Records Administration (U S),2017-01-13 42 CFR Parts 400 to 413 continues coverage on the United States Department of Health and Human Services This volume includes rules processes procedures and regulations pertaining to the Centers for Medicare and Medicaid Services to include Federal health insurance for the aged and disabled hospital insurance eligibility and entitlement supplemental insurance eligibility and entitlement premiums for supplemental medical insurance hospital insurance benefits exclusions and limitations for medicare and medicare payments prospective payment systems for inpatient hospital services and more Other related products Health Insurance Claims Forms CMS 1500 Single Sheets Revised 2012 can be found at this link <https://bookstore.gpo.gov/products/sku/017060006633> ctid 1623 Health Insurance Claim Forms CMS 1500 2 Part Snapout Package of 100 2012 can be found here <https://bookstore.gpo.gov/products/sku/017060006617> ctid 1623 Health Insurance Claim Forms CMS 1500 2 Part Continuation Package of 1400 2012 can be found here <https://bookstore.gpo.gov/products/sku/017060006625> ctid 1623 Health Insurance Claim Forms CMS 1500 1 part Continuation 2012 Package of 2500 can be found here <https://bookstore.gpo.gov/products/sku/017060006641> ctid 1623 TeamSTEPPS 2 0 Pocket Guide Team Strategies Health Statistics 2014 in Brief can be found here <https://bookstore.gpo.gov/products/sku/017022016222> **Government Reports Annual Index** ,1992 Sections 1 2 Keyword Index Section 3 Personal author index Section 4 Corporate author index Section 5 Contract grant number index NTIS order report number index 1 E Section 6 NTIS order report number index F Z **Code of Federal Regulations** National Archives and Records Administration Staff,2004 The Code of Federal Regulations is a codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the United States Federal Government **Code of Federal Regulations, Title 42, Public Health, PT. 400-413, Revised as of October 1, 2011** Office of the Federal Register (U.S.) Staff,2012-01-09 **Foundations: An Introduction to the Profession of Physical Therapy** Stephen J. Carp,2019-01-28 A unique blueprint to a successful physical therapy practice from renowned experts In the last 100 years the profession of physical therapy has grown from a little known band of reconstruction aides to a large and expanding worldwide group of dedicated professionals at the cutting edge of health care

diagnostics interventions research ethics and altruistic community service Foundations An Introduction to the Profession of Physical Therapy by distinguished physical therapist and educator Stephen Carp reflects nearly 40 years of expertise in this evolving field The book covers the the background music of physical therapy important issues aspiring physical therapists and physical therapist assistants need to master prior to starting clinical practice Sixteen chapters present a broad spectrum of content covering core behavioral clinical and professional concerns encountered in practice Experts provide firsthand guidance on reimbursement working as a healthcare team documentation ethical issues and community service clinical research and education an overview of the APTA career development and more Key Highlights From the history of the profession to cultural spiritual and legal aspects of practice this unique resource provides insights not found in traditional physical therapy foundation textbooks About 20 comprehensive vignettes with real life experiences enhance the text Text boxes with insightful first person narratives highlight chapter content A list of review questions and meticulous references at the end of every chapter enhance learning and encourage further research All PT and PTA students will benefit from the expert wisdom and pearls shared in this essential reference **Insurance Directory 2006** Ingenix,2005-09 This valuable directory provides a comprehensive accurate listing of insurance companies handling medical claims The Physician Compliance Auditing and Monitoring Manual Bill Dacey,2001 **Glencoe Medical Insurance** Nenna L. Bayes,Cindy Keller,Joanne Valerius,2002 Glencoe Medical Insurance provides focused coverage of the knowledge and skills necessary for successful medical insurance processing including in depth coverage of medical insurance the claims process HCFA 1500 and UB 92 It covers all types of medical insurance including Blue Cross Blue Shield HMOs PPOs Medicare Medicaid and other plans Managed care is integrated throughout the text including discussion of contract law as it relates to managed care There is an emphasis on practice management and patient finance Optional exploratory computer activities use MediSoft for Windows Advanced The focus in the text is on electronic claims filing but paper claims are covered as well Unique to this text is an entire chapter emphasizing how crucial correct coding is to reimbursement and compliance with federal regulations

Oregon Administrative Rules Compilation ,2014

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