

Hospice Medicare Billing Codes Sheet

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

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

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

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

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

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

Patient Status (FL17) as of "To" date on claim	
01	Discharged to home, revoked, or decertified
30	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 - place unknown (see occurrence code 55)
50	Discharged/transferred to hospice - home (routine or CHC)
51	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)	
H2	Discharge for cause (i.e. patient/staff safety)
S2	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)	
27	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 30.3

Occurrence Span Codes (FL 35-36)	
77	Noncovered days due to untimely recertification (Not for FTF)
M2	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

H Kauffman



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Guide to U.S. Government Publications John L. Andriot, 2010 **Caring** , 2005 **Medicare Hospice**

Management, Third Edition Cathy D. Ott, 2011-02-22 Medicare Hospice Management Third Edition This comprehensive manual has been completely updated to include new payment rates face to face physician encounter requirements QAPI and an in depth look at service delivery A core resource for every Medicare certified hospice provider each chapter integrates Medicare s regulatory requirements clearly explaining the issues and requirements for compliance and payment The manual contains valuable information on the daily operations of a hospice program Hospice administrators case managers clinical directors and homecare agencies that provide hospice services will find this to be an essential guide reference and tool for applying the theories and practices of hospice care Chapters include History of Hospice Administration and Services The Medicare Hospice Benefit The Care Delivery Process Contracted Facilities Ethics in Hospice and Access to Care Data Collection and Quality Improvement NEW Quality Assessment and Performance Improvement Billing *Insurance Handbook for the Medical Office* Marilyn Fordney, 2013-01-01 A complete guide to insurance billing and coding Insurance Handbook for the Medical Office 13th Edition covers all the plans that are most commonly encountered in clinics and physicians offices Its emphasis on the role of the medical insurance specialist includes areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies Learning to fill in the claim form accurately is made easier by the use of icons for different types of payers lists of key abbreviations and numerous practice exercises This edition provides the latest on hot topics such as ICD 10 healthcare reform the new CMS 1500 form and electronic claims Trusted for more than 30 years this proven reference from Marilyn Fordney prepares you to succeed as a medical insurance professional in any outpatient setting Emphasis on the business of running a medical office highlights the importance of the medical insurance specialist in filing clean claims solving problems and collecting overdue payments Key terms and key abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Detailed tables boxes and illustrations call out key points and main ideas Unique Color coded icons clarify information rules and regulations for different payers An Evolve companion website enhances learning with performance checklists self assessment quizzes and the Student Software Challenge featuring cases for different payer types and an interactive CMS 1500 form to fill in A workbook contains learning tips practice exercises for key terms and abbreviations review questions study outlines performance objectives a chapter with practice tests and critical thinking activities for hands on experience with real world cases Available separately Updated coverage of key health insurance topics includes HIPAA compliance the HITECH Act health reform of 2010 electronic health records electronic claims ICD 10 NUCC standards Physician Quality Reporting System PQRS Incentive Program Meaningful Use and CPT 2013 Updated ICD 10 coding information prepares you for the

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web highlights learning objectives by the end of this section you will be able to list the structures that make up the respiratory system describe how the respiratory system processes oxygen and CO₂ compare and contrast the functions of upper respiratory tract with the lower respiratory tract

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