

Hospice Medicare Billing Codes Sheet

Type of Bill (FLB) (1st billing hospital-based or 2nd billing non-hospital)			
80A	Notice of Election (NOE)	802	1st claim in series
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 & 30.2

Type of Admission (FL14)			
1	Emergency	3	Elective
2	Urgent	4	Trauma
		5	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		
3	Transfer from hospital	5	Court/Law Enforcement
4	Transfer from SNF or ICF	6	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 decedent
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-IOMLs.html>

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

CMS Pub. 100-04, Chapter 11, Section 30.2

Claim Change Reason Code (CERC) (FL 18-20) & Adjustment Reason Code (ARC) (C005 only)			
Description	CERC	ARC	TOB
Change in dates of service	08	RP	0X7
Change in charges	09	RQ	0X7
Change in revenue/HQEC code	00	RH	0X7
Cancel/correct provider NPI/C	05	RI	0X3
Cancel/duplicate or OIG payment	06	RJ	0X3
Any other multiple change(s)	09	RM	0X7
Change in patient status	00	RN	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 30.2

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 30.2

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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