

Hospice Medicare Billing Codes Sheet

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

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-IOIMs.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 (CORG) (FL 18-20) & Adjustment Reason Code (ARJC) (C055 only)			
Description	CORG	ARJC	TOB
Change in dates of service	08	RP	0X7
Change in charges	09	RQ	0X7
Change in revenue/HOPEC code	00	RH	0X7
Cancel/correct provider NPI/C	05	RI	0X3
Cancel/duplicate or OIG payment	06	RL	0X3
Any other multiple change(s)	09	RH	0X7
Change in patient status	00	RM	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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Medicare G Code Cheat Sheet

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Coders' Specialty Guide 2026: Otolaryngology/ Allergy AAPC,2026-01-31 Keep the all important otolaryngology and allergy coding details at your fingertips Get the upper hand on CPT code changes and get home on time with fast and accurate coding made easy There s no need to take extra steps to find the right code when you can conveniently rely on the Coders Specialty Guide 2026 Otolaryngology Allergy Access all the information you need to code a procedure quickly with one go to resource official code descriptors ICD 10 cross references RVUs NCCI edits and anatomical illustrations We ve even included descriptions of procedures in easy to understand terms along with coding tips for faster more accurate coding Master otolaryngology and allergy procedure reporting and safeguard your revenue with Otolaryngology and allergy CPT and HCPCS Level II procedure and service codes including 2026 new and revised codes Official descriptors for Category I III CPT codes Lay term descriptions explaining each otolaryngology or allergy procedure Detailed illustrations to help you select codes accurately Fail safe coding and billing advice for specific codes CPT and HCPCS Level II modifier crosswalk for procedures Medicare physician fee schedule physicians and hospitals with RVUs Coding indicators pre post intra operative global periods and diagnostic tests NCCI edits Otolaryngology and allergy related medical terms ICD 10 CM to CPT crosswalks that assists in checking medical necessity Comprehensive code index with page numbers for quicker code lookup Color coded tabs to help you navigate easily Detailed anatomical illustrations Give yourself the ultimate coding edge with this exclusive resource tailored to your otolaryngology and allergy coding needs CPT is a registered trademark of the American Medical Association *Cpt-4 Outpatient Coding Reference and Study Guide 2012* Rhit Kobayashi,2012-05 **Coders' Specialty Guide 2026: Pulmonology** AAPC,2026-01-31 Overcome your pulmonology coding and reimbursement challenges once and for all Find codes fast and improve your productivity and your accuracy with the Coders Specialty Guide 2026 Pulmonology This cleverly designed resource for pulmonology coders eliminates errors by providing quick access to your CPT pulmonology codes alongside all the supporting information you need for audit ready claims ICD 10 cross references modifier crosswalks NCCI edits descriptions of procedures in easy to understand terms anatomical illustrations and more Bundling decisions modifier selection and establishing medical necessity have never been this easy Keep your revenue flowing with at a glance access to these features 2026 pulmonology CPT and HCPCS Level II procedure and service codes including definitive advice for new and revised codes Official descriptors for Category I III CPT codes Easy to understand explanations of pulmonology procedures Essential modifier and ICD 10 CM crosswalks Medicare fee schedule information and facility and non facility relative value units Pre post and intra operative indicators NCCI edits to avoid bundling errors HCPCS Level II codes with lay terms Detailed anatomical Easy to look up code index with corresponding page numbers And much more Learn 2026 CPT code changes and streamline your billing and coding processes for optimal reimbursement with the Coders Specialty Guide 2026 Pulmonology CPT is a registered trademark of the American Medical Association Coders' Specialty

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System PQRS Incentive Program Meaningful Use and CPT 2013 Updated ICD 10 coding information prepares you for the October 2014 ICD 10 implementation date Updated content on claim forms includes block by block explanations and examples for the new CMS 1500 Claim Form Updated guidelines for the filing and submission of electronic claims include sample screenshots and prepare you for the future of the medical office **Integrated Care** Lori E. Raney, Gina B. Lasky, Clare Scott, 2017-04-26 Integrated Care A Guide for Effective Implementation provides a detailed thoughtful and experience based guide to the complex and potentially overwhelming process of implementing an integrated care program The advantages of integrated care from both the clinical and administrative perspectives are many including better detection of illness improvement in overall health outcomes a better patient care experience flexibility in responding to policy and financial changes and an emphasis on return on investment The book addresses the emerging framework of core principles for effective integrated care reviews the most up to date research on implementation and presents practice based experience to serve as a guide This information is useful in both traditional integration of behavioral health into general medical settings often primary care or integrating general medical care into a specialty mental health or substance use treatment setting Because administrators clinicians policy makers payers and others need guidance in determining what effective implementation looks like the authors offer a three part examination of the key components of an implementation strategy and explore the elements essential for success The book is grounded in the authors real world expertise and offers readers practical accessible information and support Often efforts to implement an integrated care program fail because the model is more than just plug and play To address this misconception the authors explore the successful implementation from every angle from leadership primary care therapist psychiatric provider and policy perspectives As procedural and institutional hurdles are being overcome codes for integrated care have been adopted Accordingly the book provides in depth coverage of finance and funding models challenges to billing and emerging payment models Each of the chapter authors were selected for their direct clinical experience in various integrated environments their leadership in ushering teams through these initiatives and or their deep knowledge of payment and policy barriers Impediments to the widespread implementation of evidence based programs include payment and regulatory barriers lack of a workforce trained in effective collaboration and cultural differences between the worlds of primary care and behavioral health care Integrated Care A Guide for Effective Implementation helps health care leaders and providers overcome these obstacles to implement a successful patient centered integrated care program Quick Reference to Payroll Compliance, 2015 Edition Alice Gilman, 2015-08-16 Quick Reference to Payroll Compliance is a one volume resource that gives you straightforward instruction on complying with both federal and state laws for all areas of payroll administration from calculating gross pay to handling garnishments from taxation of fringe benefits to year end reporting Quick Reference to Payroll Compliance helps you take the guesswork out of payroll compliance with current coverage of Wage and hour laws Taxation and reporting of wages Taxation of fringe benefits and other

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Approach provides the framework for successful documentation It is synchronous with Medicare standards as well as the American Physical Therapy Association s recommendations for defensible documentation It identifies documentation basics which can be readily applied to a broad spectrum of documentation formats including paper based and electronic systems This key resource utilizes a practical clinical decision making approach and applies this framework to all aspects of documentation This text emphasizes how the common and standard language of the Guide to Physical Therapist Practice and the International Classification of Functioning Disability and Health ICF model can be integrated with a physical therapist s clinical reasoning process and a physical therapist assistant s skill set to produce successful documentation Includes content on documentation formations Initial Evaluations Re examination Notes Daily Notes Conclusion of the Episode of Care Summaries Home Exercise Program Reviews all the important issues related to style types of documentation and utilization of documentation Covers documentation relevant in different settings inpatient home health skilled nursing facility outpatient Helps students learn how to report findings and demonstrate an appropriate interpretation of results Includes up to date information in line with APTA Guidelines for Defensible Documentation World Health Organization International Classification of Functioning Disability and Health Mode and Medicare Reviews electronic documentation ICD 9 ICD 10 and CPT codes Includes important chapters on Interprofessional Communication Legal Aspects Principles of Measurement

2017 HCPCS Level II Professional Edition - E-Book Carol J. Buck,2017-01-04 UPDATED 2017 official code set ensures compliance with current HCPCS standards for fast and accurate coding NEW Additional full color illustrations provide visual orientation and enhance understanding of specific coding situations *Buck's Workbook for Step-by-Step Medical Coding, 2022 Edition - E-Book* Elsevier,2021-11-22 Build your coding skills with this practical workbook Matching the chapters in the bestselling Buck s Step by Step Medical Coding this workbook offers coding review and practice with more than 1 200 theory practical and reporting exercises Included are 100 original source documents to familiarize you with reports similar to those you will encounter on the job It s a complete review of all the code sets covered in the text including ICD 10 CM CPT HCPCS and inpatient coding UNIQUE 100 real world coding reports provide experience with reports similar to those you will encounter in practice Theory exercises include fill in the blank multiple choice and true or false questions Practical exercises offer additional practice with line coding Coding answer format mirrors that of Buck s main text including multiple codes needed icons to indicate when more than one code should be assigned Answers to odd numbered questions are available in Appendix B allowing you to check your accuracy **Buck's Workbook for Step-by-Step Medical Coding, 2020 Edition E-Book** Elsevier,2019-11-11 NEW Updated content includes the latest coding information available **Buck's Workbook for Step-by-Step Medical Coding, 2025 Edition - E-Book** Jackie Koesterman,Elsevier,2024-12-27 Build your coding skills with this practical workbook Matching the chapters in the bestselling Buck s Step by Step Medical Coding this workbook offers coding review and practice with more than 1 200 theory practical and reporting exercises odd numbered answers

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included in Appendix B allowing you to check your accuracy NEW Updated content includes the latest coding information available **Workbook for Step-By-Step Medical Coding, 2016 Edition** Carol J. Buck,2015-12-07 Corresponding to the chapters in Carol J Buck s Step by Step Medical Coding 2016 Edition this workbook offers in depth coding review and practice with more than 1 200 questions activities and terminology exercises odd numbered answers are provided in the appendix including fill in the blank multiple choice and true or false questions Back cover *Workbook for Step-by-Step Medical Coding, 2016 Edition - E-Book* Carol J. Buck,2016-03-29 Polish up your coding skills with this practical workbook Corresponding to the chapters in Carol J Buck s Step by Step Medical Coding 2016 Edition this workbook offers review and practice with more than 1 200 theory practical and report exercises odd numbered answers are provided in the appendix including fill in the blank multiple choice and true or false questions It provides a complete review of all current coding sets including ICD 10 CM CPT and HCPCS and more than 90 original source documents to familiarize you with reports similar to those you will encounter on the job Complete coverage of ICD 10 CM provides plenty of practice with the new code set Theory practical and reporting exercises help you master key concepts and apply your knowledge Over 90 real world coding reports cleared of any patient identifiers provide experience with reports similar to those you will encounter in practice Workbook questions follow the same answer format as the text with the multiple code icons helping you develop your coding ability and critical thinking skills Answers to odd numbered questions are included in the appendix NEW Separate HCPCS chapter provides additional practice with the application of key concepts UPDATED content includes the latest coding information available for accurate coding and success in practice

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