

Hospice Medicare Billing Codes Sheet

Type of Bill (FLB) (1st 4 digits hospital benefit or 2nd hospital benefit)			
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
		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 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/transfered to hospice - home (reside or CHC)
51	Discharged/transfered 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>

004-04 - Page 1 of 4 - Revised December 7, 2015

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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/HOPEC 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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Medicare Hospice Diagnosis Codes

S Ashworth



Medicare Hospice Diagnosis Codes:

Unveiling the Magic of Words: A Report on "**Medicare Hospice Diagnosis Codes**"

In a global defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their ability to kindle emotions, provoke contemplation, and ignite transformative change is really awe-inspiring. Enter the realm of "**Medicare Hospice Diagnosis Codes**," a mesmerizing literary masterpiece penned by way of a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve in to the book is central themes, examine its distinctive writing style, and assess its profound affect the souls of its readers.

http://nevis.hu/files/scholarship/Documents/cd_rates_usa.pdf

Table of Contents Medicare Hospice Diagnosis Codes

1. Understanding the eBook Medicare Hospice Diagnosis Codes
 - The Rise of Digital Reading Medicare Hospice Diagnosis Codes
 - Advantages of eBooks Over Traditional Books
2. Identifying Medicare Hospice Diagnosis Codes
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medicare Hospice Diagnosis Codes
 - User-Friendly Interface
4. Exploring eBook Recommendations from Medicare Hospice Diagnosis Codes
 - Personalized Recommendations
 - Medicare Hospice Diagnosis Codes User Reviews and Ratings
 - Medicare Hospice Diagnosis Codes and Bestseller Lists

5. Accessing Medicare Hospice Diagnosis Codes Free and Paid eBooks
 - Medicare Hospice Diagnosis Codes Public Domain eBooks
 - Medicare Hospice Diagnosis Codes eBook Subscription Services
 - Medicare Hospice Diagnosis Codes Budget-Friendly Options
6. Navigating Medicare Hospice Diagnosis Codes eBook Formats
 - ePub, PDF, MOBI, and More
 - Medicare Hospice Diagnosis Codes Compatibility with Devices
 - Medicare Hospice Diagnosis Codes Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medicare Hospice Diagnosis Codes
 - Highlighting and Note-Taking Medicare Hospice Diagnosis Codes
 - Interactive Elements Medicare Hospice Diagnosis Codes
8. Staying Engaged with Medicare Hospice Diagnosis Codes
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medicare Hospice Diagnosis Codes
9. Balancing eBooks and Physical Books Medicare Hospice Diagnosis Codes
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medicare Hospice Diagnosis Codes
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Medicare Hospice Diagnosis Codes
 - Setting Reading Goals Medicare Hospice Diagnosis Codes
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Medicare Hospice Diagnosis Codes
 - Fact-Checking eBook Content of Medicare Hospice Diagnosis Codes
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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