

# Home Health Medicare Billing Codes Sheet

Type of Bill (OSR) (PL 4)	
329	Request for Anticipated Payment (RAP)
337	Adjustment Claim
328	Visit/Consult Prior RAP/Claim
329	Final Claim for Episode
320	Repayment Claim
340	Outpatient Services
380 or 381	Contractor adjustment
CMS Pub. 100-04, Chapter 10 <a href="http://www.cms.gov/Regulations-and-Compliance/StatutesandRegulations/sr010122a.html">http://www.cms.gov/Regulations-and-Compliance/StatutesandRegulations/sr010122a.html</a>	

Priority (Type) of Admission or Visit Codes (PL 14)	
1	Emergency
2	Urgent
3	Elective
4	Non-urgent
5	Trauma
9	Information not available

Point of Origin (Formerly Source of Admission Codes) (PL 16)	
1	Non-Health Care Facility Point of Origin
2	Care in Physicians Office
4	Transfer from Hospital (Different Facility)
5	Transfer from Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
6	Transfer from Another Health Care Facility
8	Court/Law enforcement
9	Information not available

Patient Status Codes (PL 17)	
01	Discharge to home or self-care (routine discharge)
02	Discharge/transfer to short-term general hospital
03	Discharge/transfer to SNF
04	Discharge/transfer to ICF
05	Discharge/transfer to a designated cancer center or children's hospital
06	Discharge/transfer to home care of another HHA On discharge and resubmit to the same HHA within a 60-day episode
07	Left against medical advice or discontinued care
20	Expired - Occurrence code 50 also required
21	Discharge/transfer to court/law enforcement
30	Sold a patient. Services continue to be provided. (Required on RAPs.)
43	Discharge/transfer to federal hospital
50	Discharge/transfer for hospice services in the home
61	Discharge/transfer to hospice services in a medical facility
62	Discharge/transfer to hospital-based Medicare approved swing bed
63	Discharge/transfer to IRF (inpatient rehabilitation facility)
65	Discharge/transfer to long-term care hospital
66	Discharge/transfer to psychiatric hospital or psychiatric part unit of a hospital
68	Discharge/transfer to Critical Access Hospital (CAH)
70	Discharge/transfer to another type of health care institution not defined elsewhere in code list

Condition Codes (CC) (PL 18-20)	
01	Treatment of nonterminal condition for hospice patient
20	Beneficiary requested billing (demand denial)
21	Billing for dental services (no-pay bill)
47	Transfer from another visit
C3	Expedited review - partial approval of Medicare-covered services
C4	Expedited review - services denied
C5	Expedited review - extended authorization of Medicare-covered services

Claim Change Reason Codes (CCRC) (PL 18-20) & Adjustment Reason Codes (ARC) (P155 only)			
Description	CCRC	ARC	TSR
Changes in Service Dates	00	RP	327
Changes to Charges	01	RP	327
Changes to revenue/HCPC/HCPS codes	02	RP	327
Cancel for correct procedure HC 4	05	RP	328
Cancel duplicate or OIG payment	06	RP	328
Any other multiple change (s)	09	RP	327
Change in patient status	10	RP	327

**NOTE:** RAPs cannot be adjusted. If information must be changed on a processed RAP, it must be canceled and resubmitted to Medicare.

Medicare Secondary Payer (MSP) Value Codes (VC) (PL 39-41) & Payer Codes (PC) (P155 only)		
Description	VC	PC
Working Aged	12	N/A
ESRD	13	N/A
No Payor (no offering involved)	14	N/A
Worker's Compensation	15	N/A
Public Health Serv/Other Federal	16	N/A
Black Lung	41	N/A
Disabled	43	N/A
Obligated to Accept as Payment in Full (OTMF)	44	A, B or L
Liability	47	N/A
Conditional Payment	Any of the Above	C
Medicare		Z
<b>NOTE:</b> Medicare does not make secondary payer payments on RAPs. Submit RAPs with Medicare as primary.		
CMS Pub. 100-05, Chapter 2 <a href="http://www.cms.gov/Regulations-and-Compliance/StatutesandRegulations/sr010122a.html">http://www.cms.gov/Regulations-and-Compliance/StatutesandRegulations/sr010122a.html</a>		

**Note:** The codes listed on this billing codes sheet represent those most frequently submitted on home health RAPs claims. A complete listing of all codes is available from the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual - <http://www.nubc.org>

# Medicare Rev Codes Quick Reference Guide

**Ensheng Dong**



## Medicare Rev Codes Quick Reference Guide:

**Federal Register** ,2004-06-25      **Medicare and Medicaid Guide** ,1969      *Monthly Catalog of United States Government Publications* United States. Superintendent of Documents,1991      **Monthly Catalogue, United States Public Documents** ,1991-03      **1998 Hospital and Payor ICD-9** J A Majors Publishing,OptumInsight, Incorporated,Medicode,1997 Here are 14 reasons why Medicode s 1998 Hospital ICD 9 is coder tested and coder approved 1 Guaranteed accuracy Medicode has integrated all 1998 changes into this volume In fact they guarantee that if you make a coding error based on an outdated code while using their 1998 ICD 9 they ll give you next year s edition free 2 Color coding to make fourth and fifth digits easy to find 3 Easy to understand code definitions 4 Color illustrations 5 Color coded index for ease of use 6 Exclusive note save system that gives you room to write and a system to save important coding for next year s edition 7 Coding tips 8 Thumb index tabs 9 Spiral bound design 10 Index checkmarks that identify invalid codes 11 Medicare edits 12 References to AHA s Coding Clinic 13 Hospital revenue codes for supplies and services 14 A useful self test

**Effective Management of Coding Services** Lou Ann Schraffenberger,2002 This is a resource for coding managers across the continuum of health care settings with a special emphasis on acute care and hospital based ambulatory settings Addresses the scope and organization of clinical coding data including standards for electronic record systems coding practice issues recruitment and retention of coding staff chargemaster management quality control issues compliance reporting issues and financial issues Contains numerous examples and case studies to illustrate issues and demonstrate how coding decisions affect other areas in the health care organization      Medicare Home Health Agency Manual ,1900      **St.**

**Anthony's Modifiers Made Easy** Kathy Brouch,1998 HCFA is intensifying its investigation of he inappropriate use of modifiers in Medicare billing Incorrect usage of CPT and HCPCS Level II modifiers can cost you money or now get you in trouble Are you sure you re using them correctly      **Healthcare Resource and Reference Guide** Lorri A. Zipperer,Brian P. Pace,1993      *Legal Information Buyer's Guide and Reference Manual* Kendall F. Svengalis,Rhode Island LawPress,2008

*APC Training and Implementation Manual* Jill Giddens,2001      *Employee Benefits Journal* ,2002      **Subject Guide to Books in Print** ,1993      Coding and Payment Guide for Radiology Services OptumInsight, Incorporated,St Anthony,2001

Physicians Fee & Coding Guide ,2011      **ICD-9-CM for Hospitals Compact Professional for Hospitals** Bardes,Ingenix,Shelley,Schmidt,2005-09 Code with more precision and efficiency to reduce claim delays and denials using the ICD 9 CM Professional for Hospitals Volumes 1 2 3 with critical coding and reimbursement edit alerts on the same page as the code you want This product supports HIPAA compliance by providing the approved standard code set ICD 9 CM the official coding guidelines references for official coding advice coding instructions and conventions required under HIPAA Do it right in less time      Revenue Reconciliation Act of 1989 ,1989      *Legal Deception, Propaganda, and Fraud, Form #05.014* Sovereignty Education and Defense Ministry (SEDM),2020-02-06 Rebuttal to the most popular IRS lie and deception

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