

Home Health Medicare Billing Codes Sheet

Type of Bill Codes (PL 4)	
102	Discharge for Antiquated Payment (DAP)
103	Adjustment Codes
104	Initial/Continued Prior Payment Codes
105	Final Codes for Episodes
106	Supplemental Codes
107	Disposition Services
108 or 109	Contractor adjustment
CMS Pub. 100-04, Chapter 10 http://www.cms.gov/Regulations-and-Guidance/Guidance/Downloads/100-04-PL4.pdf	

Priority (Type) of Admissions to Bill Codes (PL 4)	
1	Emergency
2	Non-emergency
3	Urgent
4	Thru
5	Deces
6	Information not available

Point of Origin (Formerly Source of Admission Codes) (PL 15)	
1	Non-Health Care Facility Point of Origin
2	Office or Physicians' Office
3	Transfer from Hospital (Different Facility)
4	Transfer from Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
5	Transfer from Another Health Care Facility
6	Court/Law enforcement
7	Information not available

Patient Status Codes (PL 17)	
101	Discharge to home or self-care (routine discharge)
102	Discharge/transfer to short-term general hospital
103	Discharge/transfer to SNF
104	Discharge/transfer to ICF
105	Discharge/transfer to a designated cancer center or children's hospital
106	Discharge/transfer to home care of another SNF (discharge and readmission to the same SNF within a 60-day episode)
107	Left against medical advice or discontinued care
108	Expired - Discharge code list and required
109	Discharge/transfer to outpatient ambulatory
110	Still a patient. Services continue to be provided. (Required on DAPs.)
111	Discharge/transfer to federal hospital
112	Discharge/transfer for hospice services in the home
113	Discharge/transfer to hospice services in a medical facility
114	Discharge/transfer to hospital-based Medicare-approved visiting nurse
115	Discharge/transfer to ICF (patient rehabilitation facility)
116	Discharge/transfer to long-term care hospital
117	Discharge/transfer to psychiatric hospital or psychiatric partial unit of a hospital
118	Discharge/transfer to Critical Access Hospital (CAH)
119	Discharge/transfer to another type of health care institution not defined elsewhere in code list

Condition Codes (PL 18-20)	
101	Treatment of non-terminal condition for hospice patient
102	Beneficiary required to pay (dental denial)
103	Billing for dental service (no pay list)
107	Transfer from another HCF
108	Expeditied review - partial approval of Medicare-covered services
109	Expeditied review - services denied
110	Expeditied review - extended authorization of Medicare-covered services

Cross-Charge Reason Codes (CCRC) (PL 19-20) & Adjustment Reason Codes (ARC) (PL 19-20 only)			
Description	CCRC	ARC	TOS
Changes in Service Dates	101	101	101
Changes in Charges	101	101	101
Changes in resource/HCP/HPPS codes	101	101	101
Cancer or cancer procedure (ICD-9)	105	101	101
Cancer duplicate or CHG payment	106	102	101
Any other change in charges	109	109	101
Change in patient status	101	101	101

NOTE: DAPs cannot be adjusted. If information must be changed on a presented DAP, it must be canceled and resubmitted to Medicare.

Medicare Secondary Payer (MSP) Nurse Codes (NC) (PL 29-40) & Paper Codes (PC) (PL 39-40 only)		
Description	NC	PC
Working Agent	102	101/102
103	103	101/102
Non-Paid by attorney employed	104	101/102
Worker's Compensation	105	101/102
Public Health Sec/Other Federal	106	101/102
State Long	107	101/102
Unpaid	108	101/102
Charged to Account as Payment in Full (DIF)	109	101/102 or 1
Liability	110	101/102
Conditional Payment	Any of the Above	
Medicare	111	

NOTE: Medicare does not make secondary payer payments on DAPs. Submit DAPs with Medicare as primary.

CMS Pub. 100-05, Chapter 8 <http://www.cms.gov/Regulations-and-Guidance/Guidance/Downloads/100-05-PL4.pdf>

Note: The codes listed on this billing codes sheet represent those most frequently submitted on home health DAPs/claims. A complete listing of all codes is accessible from the National Uniform Billing Committee (NUBC) Critical Path Data Specification Manual - www.nubc.org

Medicare Rev Codes Quick Reference Guide

J Rink

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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

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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

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