

Home Health Medicare Billing Codes Sheet

Type of Bill (Type of PL #)
001 Request for Anticipated Payment (RAP)
002 Adjustment Claim
003 Void/Cancel Prior RAP/Claim
004 Final Claim for Episode
005 Interim Payment Claim
006 Outpatient Services
000-009 Other/Other adjustment
CMS Pub. 100-04, Chapter 10 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm10004.pdf

Priority (Type) of Admission or Visit Codes (PL #)	
1 Emergency	4 Intensive
2 Urgent	5 Trauma
3 Discharge	6 Information not available

Point of Origin/Secondary Source of Submission/Code(s) (PL #)
1 New Health Care Facility/Point of Origin
2 Clinician Physician's Office
4 Transfer from Hospital (Different Facility)
8 Transfer from Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
9 Transfer from Another Health Care Facility
0 Court/Law Enforcement
9 Information not available

Patient Status Codes (PL #)
01 Discharge to home or self-care (positive discharge)
02 Discharge/transfer to other non-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 or another SNF OR discharge and readmitted to the same SNF within 60-day episode
07 Left against medical advice or discontinued care
08 Expired - Deceased with/without injury
09 Discharge/transfer to another admission
10 Still resident. Services continue to be provided (Respite or RAFC)
40 Discharge/transfer to federal hospital
98 Discharge/transfer for hospice services in the home
99 Discharge/transfer to hospice services in a medical facility
01 Discharge/transfer to hospital based Medicare approved facility
02 Discharge/transfer to IPF (inpatient rehabilitation facility)
03 Discharge/transfer to long-term care hospital
05 Discharge/transfer to psychiatric hospital or psychiatric unit of a hospital
06 Discharge/transfer to Critical Access Hospital (CAH)
98 Discharge/transfer to another type of health care institution not defined elsewhere in code list

Condition Codes (PL #)
01 Treatment of terminal condition for hospice patient
02 Beneficiary requested/denied (denial denied)
03 Billing for durable medical equipment
04 Transfer from another SNF
05 No valid services in billing period
03 Expedited review - partial approval of Medicare-covered services
04 Expedited review - services denied
07 Expedited review - extended authorization of Medicare-covered services

Claim/Change Reason Codes (CIRC) (PL 14-19) & Adjustment Reason Codes (ARC) (PL 20-29)			
Description	CIRC	ARC	PL#
Change in Service Dates	01	01	01
Change in Charges	02	02	01
Change in Service/HCPC/ICD-9 codes	03	03	01
Cancel/stop service provider/HC #	04	04	01
Cancel/duplicate of OIG payment	05	05	01
Any other multiple change etc	06	06	01
Dispute in patient status	07	07	01

NOTE: RAFCs cannot be adjusted if information reports charged were processed RAP. It must be processed and resubmitted as Redlines.

Medicare Secondary Payer (MSP) Allow Codes (PL 30-49)	
Claim episode	PL
Working Agent	10
COBRA	10
No Health Care Attorney involved	19
Workers Compensation	10
Public Health Service/Other Federal	19
Black Lung	40
Disabled	40
Obligated to Accept as Payment in Full (OPAF)	49
Liability	40
Conditional Payment	Any of the Above
Medicare	
NOTE: Medicare also initiates secondary payer payments on RAFCs. Submit RAFCs with Redlines as primary.	
CMS Pub. 100-05, Chapter 7 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm10005.pdf	

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



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**Ingenix, Inc. Staff, St
Anthony, Catherine A Hopkins, Deborah
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