

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 |
| 0000-009 Outpatient 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-patient 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 SNF also expired |
| 09 Discharge/transfer to another admission |
| 10 Still resident. Services continue to be provided (Respite or RAPE) |
| 40 Discharge/transfer to federal hospital |
| 99 Discharge/transfer for hospice services in the home |
| 01 Discharge/transfer to hospice services via 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 general hospital |
| 06 Discharge/transfer to Critical Access Hospital (CAH) |
| 76 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 active 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 14-03) & Adjustment Reason Codes (ARC) (PL14 only) | | | |
|--|------|-----|------|
| Description | CIRC | ARC | PL14 |
| Change in Service Dates | 01 | 01 | 01 |
| Change in Charges | 01 | 01 | 01 |
| Change in Service/HCPC/ICD-9 codes | 01 | 01 | 01 |
| Cancel/stop service provider/HC # | 01 | 01 | 01 |
| Cancel/duplicate of OIG payment | 01 | 01 | 01 |
| Any other multiple change etc | 01 | 01 | 01 |
| Dispute in patient status | 01 | 01 | 01 |

NOTE: RAPEs 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 03-01) | |
|---|------------------|
| Claim episode | PL |
| Working Agent | 10 |
| COFO | 10 |
| No Health Insurance/Member | 10 |
| Workers Compensation | 10 |
| Public Health Service/Other Federal | 10 |
| Black Lung | 40 |
| Disabled | 40 |
| Obligated to Accept as Payment in Full (OPAF) | 40 |
| Liability | 40 |
| Guaranteed Payment | Any of the Above |
| Medicare | |

NOTE: Medicare does not make secondary payer payments on OPAFs. Submit OPAFs with Reason: Excluder.

CMS Pub. 100-05, Chapter 2 (<http://www.cms.gov/Regulations-and-Impr/Guidance/Guidance05>)
<http://www.cms.gov/Regulations-and-Impr/Guidance/Guidance05>

NOTE: Medicare also initiates secondary payer payments on RAPEs. Submit RAPE with Redlines as primary.

CMS Pub. 100-03, Chapter 7 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm10003.pdf>

Note: The codes listed on this billing codes sheet represent those most frequently submitted as home health RAPEs. 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/>

Medicare Home Health Coding Guidelines

Michael Brown



Medicare Home Health Coding Guidelines:

Unveiling the Energy of Verbal Beauty: An Mental Sojourn through **Medicare Home Health Coding Guidelines**

In some sort of inundated with displays and the cacophony of instantaneous conversation, the profound energy and psychological resonance of verbal beauty frequently disappear in to obscurity, eclipsed by the constant onslaught of sound and distractions. However, nestled within the musical pages of **Medicare Home Health Coding Guidelines**, a interesting work of fictional splendor that pulses with fresh feelings, lies an unique journey waiting to be embarked upon. Penned by way of a virtuoso wordsmith, that exciting opus guides visitors on an emotional odyssey, lightly exposing the latent possible and profound influence embedded within the elaborate web of language. Within the heart-wrenching expanse of the evocative evaluation, we will embark upon an introspective exploration of the book is main themes, dissect its charming publishing style, and immerse ourselves in the indelible impact it leaves upon the depths of readers souls.

https://www.splashdogs.com/data/browse/default.aspx/ge_universal_remote_codes_apex.pdf

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