Hospice Care Billing Examples

Page updated: September 2020

Examples in this section are to assist providers in billing hospice care services on the *UB-04* claim form. For general hospice care billing information, refer to the Hospice Care and *Hospice Care: General Billing Instructions* sections in this manual. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ by 11-inch sheet of paper and attach it to the claim.

“From-Through” Billing Of General Inpatient Hospice Care

Figure 1. “From-through” billing of general inpatient hospice care.

This is a sample only. Please adapt to your billing situation.

In this case, a man age 64 years old who has no Medicare health coverage has terminal liver cancer. He has elected Medi-Cal hospice coverage and is admitted to the hospital in June 2016 on three separate occasions (three days each visit) for monitoring and adjustment of pain medications. The man’s general inpatient care days require authorization.

Enter the two-digit facility type code “81” (special facility – hospice [non-hospital based]) and one-character claim frequency code “1” as “811” in the *Type of Bill* field (Box 4).

On claim line 1, enter the description of the service rendered (inpatient care) in the *Description* field (Box 43) and the beginning date of service (June 1, 2016) in six-digit format in the *Service Date* field (Box 45) as 060116. No other information is entered on this line.

On claim line 2, enter the specific days the services were rendered (6/1, 3, 4, 16, 17, 18, 25, 26 and 27) in the *Description* field (Box 43). Enter code “0656” in the *Revenue Code* field (Box 42) to indicate that this is a general inpatient care (no respite)/hospice general care service. Enter the procedure code (HCPCS code T2045) in the *HCPCS/Rates* field (Box 44) with “through” date of service (June 27, 2016) in the *Service Date* field (Box 45) as 062716.

Enter a “9” in the *Service Units* field (Box 46) on claim line 2 to indicate the number of days the man received inpatient care. Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50). The hospice provider number is placed in the *NPI* field (Box 56).

Enter the entire 11-digit *Treatment Authorization Request* number in the *Treatment Authorization Codes* field (Box 63).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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Figure 1: "From-Through" Billing of General Inpatient Hospice Care

1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN, CA 958235555

2

3a PAT. CNTL #
b. MED. REC. #

4 TYPE OF BILL: 811

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME a DOE, JOHN

9 PATIENT ADDRESS a b c d e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
04251951	M							YO		

31 OCCURRENCE CODE DATE · 32 OCCURRENCE CODE DATE · 33 OCCURRENCE CODE DATE · 34 OCCURRENCE CODE DATE · 35 OCCURRENCE SPAN CODE FROM THROUGH · 36 OCCURRENCE SPAN CODE FROM THROUGH · 37

38

39 VALUE CODES CODE AMOUNT · 40 VALUE CODES CODE AMOUNT · 41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1		INPATIENT CARE		060116				
2	0656	6/1 3 4 16 17 18 25 26 27	T2045	062716	9	45000		
23	001	PAGE ____ OF ____	CREATION DATE		TOTALS	45000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0123456789
A O/P MEDI-CAL					45000	57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A		90000000A95001		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 01234567890		

66 DX 0 · 67 D1D1D1D · A B C D E F G H · I J K L M N O P Q · 68

69 ADMIT DX · 70 PATIENT REASON DX a b c · 71 PPS CODE · 72 ECI a b c · 73

74 PRINCIPAL PROCEDURE CODE DATE · a. OTHER PROCEDURE CODE DATE · b. OTHER PROCEDURE CODE DATE · 75

c. OTHER PROCEDURE CODE DATE · d. OTHER PROCEDURE CODE DATE · e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI QUAL LAST FIRST
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

80 REMARKS · 81CC a b c d

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Room and Board Billing

Figure 2. Room and board billing.

This is a sample only. Please adapt to your billing situation.

In this case a hospice provider is billing for room and board for a woman age 54 years old who has no Medicare health coverage and has Alzheimer's disease. She has elected Medi-Cal hospice coverage for monitoring and adjustment of pain medications. She has value code 23 and a Share of Cost (SOC) of $100. Enter code 23 in the *Code* column (Box 39) and 10000 in the *Value Codes Amount* column (Box 39).

Enter the two-digit facility type code and one-character claim frequency code (for a total of three characters) in the *Type of Bill* field (Box 4). To obtain the correct facility type code, providers should contact the facility where the hospice recipient resides. This example shows type of bill code "26" (Nursing Facility Level B) and one-character claim frequency code "1" as "261" in the *Type of Bill* field (Box 4).

Enter revenue code 658 (room and board) in the *Revenue Code* field (Box 42).

On claim line 1, enter the description of the service rendered (room and board) in the *Description* field (Box 43) and the beginning date of service (October 1, 2015) in six-digit format in the *Service Date* field (Box 45) as 100115. <u>No other information is entered on this line</u>.

On claim line 2 enter the specific days the service was rendered (10/1, 2, 3, 4 and 5) in the *Description* field (Box 43). Enter the "through" date of service (October 5, 2015) in the *Service Date* field (Box 45) as 100515.

Enter a 5 in the *Service Units* field (Box 46) on claim line 2 to indicate the number of days the woman received room and board services. Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The hospice provider number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in the Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

The NPI of the facility in which the recipient resides is entered in the *Operating* field (Box 77).

Figure 2: Room and Board Billing.

1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN, CA 958235555

2

3a PAT. CNTL #

b. MED. REC. #

4 TYPE OF BILL: 261

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME a DOE, JANE

9 PATIENT ADDRESS

10 BIRTHDATE	11 SEX	12 DATE (ADMISSION)	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
01231961	F							YO		

31–34 OCCURRENCE CODE / DATE; 35–36 OCCURRENCE SPAN CODE / FROM / THROUGH; 37

38

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	23	100 00				
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1		ROOM AND BOARD		100115				
2	658	10/1 2 3 4 5		100515	5	145000		
23	001	PAGE ____ OF ____	CREATION DATE		TOTALS	135000		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0123456789
A	O/P MEDI-CAL					135000	57
B							OTHER
C							PRV ID

	58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A			90000000A95001		
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A	01234567890		
B			
C			

66 DX: D1D1D1D
0

67 A B C D E F G H / I J K L M N O P Q

68

69 ADMIT DX — 70 PATIENT REASON DX a b c — 71 PPS CODE — 72 ECI a b c — 73

74 PRINCIPAL PROCEDURE CODE DATE — a. OTHER PROCEDURE CODE DATE — b. OTHER PROCEDURE CODE DATE — 75

c. OTHER PROCEDURE CODE DATE — d. OTHER PROCEDURE CODE DATE — e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI QUAL — LAST FIRST

77 OPERATING NPI 1234567890 QUAL — LAST FIRST

78 OTHER NPI QUAL — LAST FIRST

79 OTHER NPI QUAL — LAST FIRST

80 REMARKS

81CC a b c d

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Routine Home Care Billing

Figure 3. Routine home care billing with service intensity add-on (SIA).

This is a sample only. Please adapt to your billing situation.

In this case, a hospice provider is billing for routine home care for a 53-year-old woman. She has elected Medi-Cal hospice coverage.

Enter the two-digit facility type code and one-character claim frequency (for a total of three characters) in the *Type of Bill* field (Box 4). To obtain the correct facility type code, providers should contact the facility where the hospice recipient resides. This example shows type of bill code “81” (specialty facility – inpatient) and one-character claim frequency code “1” as “811” in the *Type of Bill* field (Box 4).

Enter the *Admission Date* (Box 12) to indicate the hospice recipient’s start of certification period (May 4, 2018) in six-digit format as 050418.

Enter the *Patient Status* (Box 17), value “41,” in two-digit format to indicate the patient is “expired in a medical facility.”

Enter revenue codes 650 (routine home care [high rate]) for 60 days of care, 659 (routine home care [low rate]) for 61+ days of care and 552 (routine home care, SIA) for services provided in the last seven days of a recipient’s life, in the *Revenue Code* field (Box 42).

On claim line 1, enter the description of the service rendered (routine home care high) in the *Description* field (Box 43) and the beginning date of service (May 4, 2018) in six-digit format in the *Service Date* field (Box 45) as 050418. <u>No other information is entered on this line</u>.

On claim line 2 enter the “through” date of service (July 2, 2018) in the *Service Date* field (Box 45) as 070218.

On claim line 4, enter the description of the service rendered (routine home care low) in the *Description* field (Box 43) and the beginning date of service (July 3, 2018) in six-digit format in the *Service Date* field (Box 45) as 070318. No other information is entered on this line.

On claim line 5 enter the “through” date of service (July 9, 2018) in the *Service Date* field (Box 45) as 070918.

On claim line 7, enter the description of the routine home care (high rate) service rendered (RHC SIA) in the *Description* field (Box 43) and the beginning date of service (July 3, 2018) in six-digit format in the *Service Date* field (Box 45) as 070318. <u>No other information is entered on this line.</u>

On claim line 8 enter the specific days the routine home care SIA service was rendered (07/3, 4, 5, 6, 7, 8, 9) in the *Description* field (Box 43). Enter the "through" date of service (July 9, 2018) in the *Service Date* field (Box 45) as 070918.

Enter a 60 in the *Service Units* field (Box 46) on claim line 2 to indicate the 60 days the woman received routine home care (high rate) services.

Enter a 7 in the *Service Units* field (Box 46) on claim line 5 to indicate the seven days the woman received routine home care (low rate) services.

Enter a 112 in the *Service Units* field (Box 46) on claim line 8 to indicate the seven days the woman received routine home care SIA services (SIA increments at 15 minutes each, for up to four hours per day. This is 16 units per day, for up to seven days, which is 112 units).

Enter the usual and customary charges in the *Total Charges* field (Box 47) for both claim lines. Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Enter "O/P Medi-Cal" to indicate the type of claim and payer in the *Payer Name* field (Box 50). The hospice provider number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

The NPI of the facility in which the recipient resides is entered in the *Operating* field (Box 77).

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Figure 3: Routine home care billing with service intensity add-on (SIA).

1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN, CA 95823-1200

4 TYPE OF BILL: 811

8 PATIENT NAME: b DOE, JANE

10 BIRTHDATE: 01231961 | 11 SEX: F | 12 ADMISSION DATE: 050418 | 17 STAT: 41

31 OCCURRENCE CODE: 55 | DATE: 070918

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	ROUTINE HOME CARE HIGH		050418				
0650			070218	60	1500 00		
	ROUTINE HOME CARE LOW		070318				
0659			070918	7	70 00		
	RHC SERVICE INTENSITY ADD-ON		070318				
0552	07/3 4 5 6 7 8 9		070918	112	5600 00		
001	PAGE ____ OF ____	CREATION DATE		TOTALS	717000		

50 PAYER NAME: A O/P MEDI-CAL | 55 EST. AMOUNT DUE: 717000 | 56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

63 TREATMENT AUTHORIZATION CODES: 01234567890

66 DX: D1D1D1D | 0

77 OPERATING NPI: 1234567890

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‹‹Legend››

‹‹Symbols used in the document above are explained in the following table.››

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.