

SECTION 4
PROCEDURE CODES

TABLE OF CONTENTS

PROCEDURE CODES	1
PROCEDURE CODES AND MODIFIERS.....	1
DIAGNOSIS CODES.....	1

SECTION 4 PROCEDURE CODES

PROCEDURE CODES

PROCEDURE CODES AND MODIFIERS

A hospice provider must use the following procedure codes and, if applicable, modifiers in completing a CMS-1500 claim form for reimbursement. Failure to use the appropriate codes will result in the provider's claim being rejected and returned for correction.

Code	Description	Modifiers
S9126	Routine Home Care	
S9123	Continuous Home Care	
S9125	Inpatient Respite Care	
T1015	General Inpatient Care	
T2046	Hospice Long Term Care, room and board only, per diem	TG = Complex/high tech level of care TF = Intermediate level of care

DIAGNOSIS CODES

For dates of service on or before **September 30, 2015**, coding used for reporting primary and secondary diagnoses must be from the current edition of the International Classification of Diseases, Clinical Modification (ICD-CM).

For dates of service on or after **October 1, 2015**, coding used for reporting primary and secondary diagnoses must be from the International Classification of Diseases, Clinical Modification (ICD-10-CM), Volume I.

SECTION 4 PROCEDURE CODES

This page was intentionally left blank.