Hospice Medicare Billing Codes Sheet

FISS Fields and UB-04 Field Locators (FL) for Hospice Billing

R = Required C = Conditional N = Not required O = Optional

DDE	DDE Field Name	UB04 Field Locator	Description	NOE	Final Claim
1	HIC	60	Medicare Number	R	R
1	TOB	4	Type of Bill	R	R
1	NPI	56	National Provider Identifier	R	R
1	PAT CNTL #	3a	Patient Control Number	O	O
1	TAX SUB	5	Provider Federal Tax ID Number	O	O
1	STMT DATE FROM	6	From date of service	R	R
1	TO	6	To date of service	N	R
1	LAST	8	Patient's Last Name	R	R
1	FIRST	8	Patient's First Name	R	R
1	DOB	10	Date of Birth	R	R
1	ADDR1	9	Patient's Address	R	R
1	ADDR2	9	City and State	R	R
1	ZIP	9	Zip Code	R	R
1	SEX	11	Gender (Enter M or F)	R	R
1	ADMIT DATE	12	Date of Admission	R	R
1	STAT	17	Patient Status	N	R
1	COND CODES	18-28	Condition Codes	N	C
1	OCC DCS/DATE	31-34	Occurrence Codes/Dates	R	R
1	SPAN CODES/DATES	35-26	Occurrence Span Codes/Dates	N	C
1	DCN	64	Document Control Number	N	C (Adjustments and Cancels ONLY)
1	FAC ZIP	N/A	Facility Zip Code	R	R
1	VALUE CODES	39-41	Value Codes/Amounts	N	R (61 and CBSA Code required for 0651 and 0652, G8 and CBSA required for 0655 or 0656)
2	REV	42	Revenue Codes	N	R
2	HCPC	44	HCPCS/CPT	N	R

CMS CENTERS for MEDICARE & MEDICAID SERVICES

Palmetto GBA PARTNERS IN EXCELLENCE

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DDE	DDE Field Name	UB04 Field Locator	Description	NOE	Final Claim
					For LOC rev. codes 0651, 0652, 0655, 0656 or physician service revenue code 0657
2	MODIFS	44	Modifiers	N	C
2	TOT UNIT	46	Total Units	N	R
2	COV UNIT	46	Covered Units	N	C
2	TOT CHARGES	47	Total Charges	N	R
2	NCOV CHARGES	48	Non-covered Charges	N	C
2	SERV DT	45	Service Date	N	R
3	CD	50	Payer Code	R	R
3	PAYER	50	Payer Name	R	R
3	RI	52	Release of Information	R	R
3	MEDICAL RECORD NBR	3b	Medical Record Number	O	O
3	DIAGNOSIS CODES	67	Diagnosis Codes	C	C
3	NPI	76	Attending Physicians NPI	R	R
3	LN	76	Attending Physicians Last Name	R	R
3	FN	76	Attending Physicians First Name	R	R
3	MI	76	Attending Physicians Middle Initial	O	O
3	NPI	77	Other Physicians NPI	C	C
3	LN	77	Other Physicians Last Name	C	C
3	FN	77	Other Physicians First Name	C	C
3	MI	77	Other Physicians Middle Initial	O	O
3	Principal Diagnosis	66	Principal Diagnosis	R	R
4	REMARKS	80	Remarks	N	C(adjustments, cancels, demand bills, MSP)
5	INSURED	58	Insured Last Name, First Name	N	C (MSP

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DDE	DDE Field Name	UB04 Field Locator	Description	NOE	Final Claim
	NAME				Claims ONLY)
5	SEX	N/A	Insured's Gender (M or F)	N	C (MSP Claims ONLY)
5	DOB	N/A	Insured's Date of Birth	N	C (MSP Claims ONLY)
5	REL	59	Patients Relationship to Insured	N	C (MSP Claims ONLY)
5	CERT-SSN-HIC	60	Insured's ID/HIC#	N	C (MSP Claims ONLY
5	GROUP NAME	61	Insurance Group Name	N	C (MSP Claims ONLY)
5	GROUP NUMBER	62	Insurance Group Number	N	C (MSP Claims ONLY)

Additional Information for UB04 Billing

UB04 Field Locator	Description	NOE	Final Claim
1	Agency Name, Address and Phone Number	R	R

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