

**SECTION 4**  
**PROCEDURE CODES**

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## 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<br>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.

Refer to Section 3 for more detailed information regarding diagnosis code requirements.

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