

Eli's Hospice Insider

Tools: Q5003, Q5004 and Q5010: Keep Your Site of Service Codes in Place

Hint: Q5003 can't be billed with general inpatient care revenue code 0656.

Confused about which HCPCS code to use for your patients in facilities? You're not alone. On Aug. 1, the **Centers for Medicare & Medicaid Services** issued Change Request 6905 which attempted to clarify when to report Q5003 and Q5004 for patients receiving care in a nursing facility or skilled nursing facility. The CR also introduced a new HCPCS code, Q5010, which will be used to indicate hospice services provided at hospice residential facility or hospice facility.

Tip: These "Q" HCPCS codes should be submitted on revenue code lines with the level of care (routine home care, continuous home care, respite care, or general inpatient care) to indicate where hospice care is being provided, RHHI **Cahaba GBA** said in its Oct. 1 Home Health & Hospice Medicare A Newsline. In response to continued questions regarding these codes, Cahaba developed the following table. Keep it handy to make sure you're choosing the right Q Code on hospice claims with dates of service Oct. 1 and after.

