

National Hospice and Palliative Care Organization

Compliance Tools & Resources



Hospice Q Codes

Updated June 2021

Medicare Claims Processing Manual

Chapter 11 – Processing Hospice Claims *(Rev. 10407, 10-30-2020)*

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c11.pdf>

30 - Data Required on the Institutional Claim to A/B MAC (HHH)

(Rev. 10407, Issued: 10-30-2020, Effective: 09-07-2020, Implementation: 12-01-2020)

The following Q codes will be used to report the type of service location for hospice services:

HCPSC Code	Definition
Q5001	HOSPICE CARE PROVIDED IN PATIENT'S HOME/RESIDENCE
Q5002	HOSPICE CARE PROVIDED IN ASSISTED LIVING FACILITY
Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NURSING FACILITY (NF)
Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL
Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY
Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE HOSPITAL (LTCH)
Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY
Q5009	HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY

Multiple locations during billing period

If care is rendered at multiple locations, each location is to be identified on the claim with a corresponding HCPCS code. For example, routine home care may be provided for a portion of the billing period in the patient's residence and another portion in an assisted living facility. In this case, report one revenue code 651 line with HCPCS code Q5001 and the number of days of routine home care provided in the residence and another revenue code 651 line with HCPCS code Q5002 and the number of days of routine home care provided in the assisted living facility.

Using Q5003 or Q5004?

Q5004 shall be used for hospice patients in a skilled nursing facility (SNF), or hospice patients in the SNF portion of a dually-certified nursing facility. There are 4 situations where this would occur:

- 1) If the beneficiary is receiving hospice care in a solely-certified SNF.
- 2) If the beneficiary is receiving general inpatient care in the SNF.
- 3) If the beneficiary is in a SNF receiving SNF care under the Medicare SNF benefit for a condition unrelated to the terminal illness and related conditions, and is receiving hospice routine home care; this is uncommon.
- 4) If the beneficiary is receiving inpatient respite care in a SNF.

If a beneficiary is in a nursing facility but doesn't meet the criteria above for **Q5004**, the site shall be coded as **Q5003**, for a long term care or non skilled nursing facility (NF).

NOTE: CHC cannot be provided when the Q code location of care is **Q5004** in a skilled nursing facility but can be provided when the patient is in a NF or long-term care facility (**Q5003**).

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