| Hospice Service Billing Codes |  |  |  |
| :---: | :---: | :---: | :---: |
| Revenue Code | Procedure Code | Description | Maximum Limit |
| 0182 |  | Bed hold for therapeutic leave | Sixteen days per each state fiscal year <br> (July 1 through June 30) |
| 0185 |  | Bed hold for hospitalization | Eight days for each hospitalization |
| 0184 |  | Bed hold, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) residents only | Eight days for each hospitalization |
| 0651 |  | Routine home care | Per Hospice Admission: Days 0-60 = High Rate Days 61+ = Low Rate |
| 0551* | G0299 | Service Intensity Add-On (SIA) - Registered Nursing Visit During Routine Home Care | 15 minute units up to 4 hours total per day, combined** |
| 0561* | G0155 | Service Intensity Add-On (SIA) - Medical Social Service Visit During Routine Home Care |  |
| 0652 |  | Continuous home care |  |
| 0654 | Q5005 or Q5006 | Room and board ICF/IID |  |
| 0655 |  | Inpatient respite care |  |
| 0656 |  | General inpatient care |  |
| 0657 |  | Physician services |  |
| 0658 |  | Room and board (nursing facility) |  |

* Florida Medicaid reimburses for SIA (0551/G0299, 0561/G0155) care in addition to routine home care (0651) during the last seven days of an eligible recipient's life.
** SIA (0551/G0299, 0561/G0155) care hours are combined and cannot exceed four hours total per day. Hours provided concurrently count separately.

