



NETWORK Notification

Notice Date: February 16, 2026
To: Ohio Medicaid Providers
From: CareSource
Subject: Hospice Per Diem Billing

Summary

Billing for hospice has been identified as frequently being billed incorrectly. The distinction between the UB-04 and CMS-1500 is critical for capturing mandatory regional pricing data and facility information.

Impact

- All hospice services are required to be billed on a UB-04 except hospice room and board, which is on a CMS-1500.
- Value codes and county codes are required.

Hospice Nursing Facility Room and Board (T2046)

Hospice providers billing for nursing facility room and board must bill using the HCFA (CMS 1500). The name of the nursing facility in which the services were delivered must be placed in Box 32 and the National Provider Identifier (NPI) related to the nursing facility must be placed in Box 32a.

Hospice providers can bill for the private room add-on code if the nursing facility is approved by the Ohio Department of Medicaid (ODM).

25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT For per diem, room, and board <input type="checkbox"/> YES <input type="checkbox"/> NO
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION Nursing Home USA, LLC	33.
SIGNED _____ DATE _____	32a. 1234567890	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE

Callouts in image:
Nursing Facility Name (points to Box 32)
Nursing Facility NPI (points to Box 32a)

Institutional UB-04 Billing Guidance

Type of Bill – 081X/082X: if the claim is billed with the incorrect Type of Bill, the claim will deny as incorrect billing.

Per diem services must include county code and value code 61 or G8 to indicate where hospice services were or will be provided during the benefit period. The list of correct county codes can be found on the [ODM Hospice Rates](#).

Hospice Revenue Code	Procedure Code
0651 (Routine Home Care)	T2042
0652 (Continuous Home Care)	T2043
0655 (Inpatient Respite Care)	T2044
0656 (General Inpatient Care)	T2045
Service Intensity Add-on (SIA)	Procedure Code
0551 (Registered Nurse Service)	G0299
0561 (Social Worker Service)	G0155

Hospice Ventilator and Ventilator Weaning Claims

Ventilator dependent and ventilator weaning (i.e., 0410, 0419) claims must be billed using the UB-04 Institutional Form.

When billing ventilator dependent and weaning claims, the hospice provider is required to include the name and NPI of the nursing facility in which the services were delivered in Box 80 (Remark Code). In addition, when billing for ventilator and/or ventilator weaning services, the diagnosis code **Z99.11** must be included.

Importance

Following the billing guidance examples will ensure claims are processed and paid without delay. Any claims for nursing facility room and board or per diem services that do not meet the instructions in this guidance may be denied and require the submission of an adjusted claim.

Questions?

Please reach out to Provider Services at **1-800-488-0134**, available Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

OH-MED-P-5099272